2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000161

Entity Name: 1492 ASSOCIATES, LLC

City-St-Zip:

BRIDGEPORT, CT 06604

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: C/O HOFFMAN INVESTMENT PARTNERS 733 SUMMER STREET, PENTHOUSE STAMFORD, CT 06901 **New Mailing Address: Current Mailing Address:** P.O. BOX 1700 BRIDGEPORT, CT 06601 FEI Number: 06-1108775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete HOFFMAN, STEPHEN J Name: Name: Address: 733 SUMMER STREET Address: City-St-Zip: STAMFORD, CT 06901 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: HOFFMAN, BURTON D Name: Address: 733 SUMMER STREET Address: City-St-Zip: STAMFORD, CT 06901 City-St-Zip: Title: MGR () Delete Title: () Change () Addition HOFFMAN, LAURENCE K Name: Name: Address: 10 MIDDLE STREET Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

SIGNATURE: LAURENCE K. HOFFMAN MGR 04/29/2008