2005 LIMITED LIABILITY COMPANY

FILED Jul 22, 2005 08:00 AM Secretary of State

ANNOAL REPORT				
DOCUMENT # M980000 1. Entity Name GBR BOWERS AVENUE LIMITED				
Principal Place of Business	Mailing Address	_		
C/O GIBRALTAR MANAGEMENT CO., INC. 150 WHITE PLAINS ROAD	C/O GIBRALTAR MANAGEME 150 WHITE PLAINS ROAD	NT CO., INC.		

TARRYTOWN, NY 10591

1201 HAYS STREET

SIGNATURE: BY

SIGNATURE AND

CORPORATION SERVICE COMPANY

TALLAHASSEE, FL 32301-2525



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TARRYTOWN, NY 10591

07112005 No Chg-LLC CR2E083 (10/03)

4. FEI Number	L_	Applied For
13-3832272		Not Applicable
5. Certificate of Status Desíred	\$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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914-631-6200

Daytime Phone #

8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE.	Signature, typed or printed name of registered agent and fille if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by September 7, 2005		U00000374014 07/22/05-80004-017 58.00		
9.	_MANAGING MEMBERS/MANAGERS		The state of the s	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROSSMAN, LOOMIS J JR. 150 WHITE PLAINS ROAD TARRYTOWN, NY 10591			
TITLE NAME STREET ADDRESS CITY - ST- ZIP	MGR GROSSMAN, RICHARD A 150 WHITE PLAINS ROAD TARRYTOWN, NY 10591			
TITLE NAME STREET ADDRESS CITY ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u></u>	
11. I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 of the region or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. GBR B WERS AVENUE LIMITED LIABILITY COMPANY				

WERS AVENUE LIMITED LIABILITY COMPANY

INTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DATE AND ACTION OF AUTHORIZED REPRESENTATIVE DATE OF AUTHORIZED REPRESENTA