

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

PAGE 1

DOCUMENT # M98000000578

1. Entity Name

BENJAMIN MANAGEMENT COMPANY, LLC



FILED
03 AUG 19 AM 10:15
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

360 WEST 31ST STREET

Suite, Apt. #, etc.

SUITE 1000

City & State

NEW YORK, NY

3. Mailing Address

360 WEST 31ST STREET

Suite, Apt. #, etc.

SUITE 1000

City & State

NEW YORK, NY

Zip

10001

Country

USA

Zip

10001

Country

USA

4. FEI Number

134068837

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GITTLIN, B. MORTON c/o JKG GROUP, INC.

Street Address (P.O. Box Number is Not Acceptable)

1000 CLINT MOORE ROAD

City

BOCA RATON

FL

Zip Code

33487

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FEES IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

DATE

8/18/03

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
B. MORTON GITTLIN
360 WEST 81ST STREET, STE. 1000
NEW YORK, NY 10001

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BRUCE D. GITTLIN
360 WEST 81ST STREET, STE. 1000
NEW YORK, NY 10001

TITLE
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IN THIS SPACE**

CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Bruce D. Gittlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/18/03



PAGE 2

M98000000578

ACCOUNT NO. : 072100000032

REFERENCE : 202590 4719018

AUTHORIZATION :

COST LIMIT : \$ 55.00

ORDER DATE : August 12, 2003

ORDER TIME : 12:51 PM

ORDER NO. : 202590-015

CUSTOMER NO: 4719018

CUSTOMER: Brian Petrequin, Esq
St. John & Wayne
Two Penn Plaza East

Newark, NJ 07105

ANNUAL REPORT FILING

NAME: BENJAMIN MANAGEMENT COMPANY
LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFICATE OF GOOD STANDING

~~XX~~ *Stamped copy*

CONTACT PERSON: Kimberly Moret - Ext. 1149

EXAMINER'S INITIALS: _____

FILED
03 AUG 19 AM 10:15
SECRETARY OF STATE
TREASURY
FLORIDA

RECEIVED
03 AUG 19 PM 4:27
DIVISION OF CORPORATION