## 2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

## M98000001046 DOCUMENT # 1. Entity Name FILED WHITEHALL PROPERTIES LIMITED LIABILITY COMPANY 00 JAN 18 PM 4: 21 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA % JEROME H. KATZ. V.P. % JEROME H. KATZ, V.P. 3 NEW YORK PLAZA 3 NEW YORK PLAZA NEW YORK NY 10004 NEW YORK NY 10004-2442 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 13-3862839 Not Applicable Country \$5.00 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARTLETT, BARON L ESQUIRE Street Address (P.O. Box Number is Not Acceptable) % BARTLET & HEEKIN 50 HIGHWAY A1A, SUITE 103 Zip Code PONTE VEDRA BEACH FL 32082 City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES 9. Addition TITLE TITLE MGR 500000311 MAME KAME PAN AM EQUITIES, INC. -01/28/00--01092 STREET ADDRESS STREET ADDRESS 3 NEW YORK PLAZA \*\*\*\*\*50.00 \*\*\*\*<u>\$50.00</u> CITY - 8T- 71P CITY-ST-ZIP NEW YORK NY 10004 Addition ☐ Detets TITLE TITLE **MGRM** MAME THE FM GRAND CHILDREN'S TRUST STREET ADDRESS STREET ADDRESS 3 NEW YORK PLAZA CITY- 2T- 219 CITY-81-717 NEW YORK NY 10004 \_\_\_ Addition .... Delete TITLE TITLE MGRM MAME NAME PAMELA EQUITIES INC. STREET ADDRESS STREET ADDRESS 3 NEW YORK PLAZA CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10004** ☐ Change ☐ Delete TITLE TITLE RAME 4. NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP Change ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Change \_ .... Ociete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-21-71P C1TY-27-71P 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. Pan guities Jeroine H. Katz