2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001175

1. Entity Name

SDW REALTY LLC

Principal Place of Business	Mailing Address
14 CHISWELL DRIVE MELVILLE NY 11747	14 CHISWELL DRIVE MELVILLE NY 11747

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number **11-3373909** — Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ELIOT NISENBAUM
C/O NILE GARDEN APARTMENTS
12750 N.W. 27TH AVE., UNIT 136
OPA LOCKA FL 33054

7. Name and Address of New Registered Agent

Name

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

City _____ **FL** Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00 Make Check Payable to Department of State Due By September 26, 2001	700004509587--7 -07/31/01--01058--010 *****55.00 *****55.00

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARON, STEPHEN 14 CHISWELL DRIVE MELVILLE NY 11747	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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STAPLE CHECK HERE

CR2E083 (5/01)

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: _Signature_ REQUIRED   7/17/01   631 643-8280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #