

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90418 021 ****50.00

DOCUMENT # M98000001182

1. Entity Name
ASPEN COVE APARTMENTS, LLC



Principal Place of Business
245 SAW MILL RIVER ROAD
HAWTHORNE, NY 10532

Mailing Address
245 SAW MILL RIVER ROAD
HAWTHORNE, NY 10532

24044530



03042004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
13-4022198

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GINSBURG, SAMUEL
70 LAW ROAD
BRIARCLIFF MANOR, NY 10510

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GINSBURG, MARTIN
45 OLIPHANT AVENUE
DOBBS FERRY, NY 10522

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #