

01 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000042

Y Name
Y SAWMILL, LLC

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90269 024 ****50.00

Principal Place of Business ST 50TH STREET, 2ND FLOOR NEW YORK NY 10020	Mailing Address 111 WEST 50TH STREET, 2ND FLOOR NEW YORK NY 10020
---	---

Principal Place of Business	3. Mailing Address	
te, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Country	Zip	Country

4. FEI Number 13-4040460 NONE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CORPORATION SYSTEM 00 SOUTH PINE ISLAND ROAD ANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--

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.	DATE
--	------

MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES
----------------------------	--	-------------------------

MGR BERGREEN, BERNARD D 111 WEST 50TH STREET, 2ND FLOOR NEW YORK NY 10020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR MOODY, NATALIE P 111 WEST 50TH STREET, 2ND FLOOR NEW YORK NY 10020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Domnick P. ...</i>	4-30-03 904-548-1033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #