

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 29 PM 3:00

DOCUMENT # M99000000128

1. Entity Name
250 HAWTHORNE, L.C.



Principal Place of Business
60 BROAD ST
3503
NEW YORK, NY 10004

Mailing Address
60 BROAD ST
3503
NEW YORK, NY 10004



04272005 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
11-3359720

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, JERRY
100 GOLDEN ISLES DR., SUITE 1204
HALLANDALE, FL 33009

**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)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ECKSTEIN, SHIMON
60 BROAD STREET SUITE 3503
NEW YORK, NY 10004

TITLE
NAME
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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 MANAGER, MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

SHIMON ECKSTEIN 4/27/05 2126680101