FILED Sep 11, 2003 8:00 am Secretary of State 09-11-2003 90042 038 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Principal Place of Bispress 7 set Mit Billing 8	DOCUMENT # M99 1. Entity Name 3607 BROADWAY REALTY					
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CEDRALURIST, NY CEDRALURIST, NY IN 1-3263156 Not Appetitude S. Name and Address of Current Regimened Agent 7. Name and Address of Current Regimened Agent 7. Name and Address of Current Regimened Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Yes above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the originations of registered agent. 8. Yes above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the originations of registered agent. 8. Yes above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the originations of registered agent. 8. Yes above named entry submits a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the originations of registered agent. 8. MANAGING MEMBERS MANAGINS FILE NOWHIT FEE IS \$450.00 Sets of the State of Florids of Descriptions of State of State. 8. MANAGING MEMBERS MANAGINS Part State of Florids of State	4 WEYANT DRIV		DRIVE.			
S. Name and Address of Current Registered Agent JOSEPH, JERRY City FL Zip Code 8. The above named entity su units this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of legistered agent of legistered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of legistered agent of legistered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of legistered agent of legistered agent or both, in the State of Florida. I am familiar with, and accept the collegation of legistered agent or both, in the State of Florida. I am familiar with, and accept the collegation of legistered agent or both, in the State of Florida. I am familiar with, and accept the collegation of legistered agent or both, in the State of Florida. I am familiar with, and accept the collegation of legistered agent or both, in the State of Florida Plantinent of State. SIGNATURE SIGNATURE MARIA M	CEDARHURIT, NY	CE DARYURST	_ Country,	11-3263156	Not Applicable	
Street Address (P.O. Box Number is Not Acceptable) City		ess of Current Registered Agent		7. Name and Address of New Regist	/	
EALL ANDALE, FL 33009 City FL Zip Code	JOSEPH, JERRY		Name	Name		
SCHATURE Second Color Col			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
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SIGNATURE FILE-NOW!!! FEE \$ \$0.00 Mask Check Payable to (Florida Department of State Due by May 1, 2003 Police Due by May 1, 2003 Polic			registered office or registe	ered agent, or both, in the State of Florida.	fam familiar with, and accept	
### FILE NOW!! FEE IS 450,00 Make Crick Payable to Florida Department of State Page MANAGING MEMBERS/MANAGERS 10.		•				
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES THE MGRM RUBIN, MARK BIRETADINES STRETADINES CEDARHURST, NY 11516 THE MARK STRETADINES CEDARHURST, NY 11516 THE MAKE STRETADINES CON-S1-2P THE MAKE STRETADINES CON-S1-	SEGNATURE Signature, typed or printed name	of registered again and title if applicable. (NOTE:	Registered Agent signature require	ect when reinstating)	DATE	
THE MGRM RUBIN, MARK RUBIN, MARK RUBIN, MARK STRETADORSS TWEYANT DRIVE CEDARHURST, NY 11516 Delee ITILE NAME NAME STRETADORSS CITY.ST-2P CEDARHURST, NY 11516 Delee ITILE NAME STRETADORSS CITY.ST-2P THE NAME STRETADORSS CITY.ST-2P THE Delee TILE NAME STRETADORSS CITY.ST-2P THE NAME STRETADORSS CITY.ST-2P TH.E NAME STRETADORSS CITY.ST-2P TH.E NAME STRETADORSS CITY.ST-2P TH.E NAME STRETADORSS CITY.ST-2P TH.E NAME STRETADORSS CITY.ST-2P TH. I Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(0), Florida Statules. I further certify that the information incidated 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 incident 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 incident 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 incident 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 incident 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 incident on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I		Make Check Payable Due	e to Florida Departme By May 1, 2003			
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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.	NAME STREET ADDRESS	□ Delete	NAME Street address	,	Change Addition	
SIGNATURE: 2 L Put 9/8/03 5/6-569-5655	indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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.					
NEWSCHOOL AND TYPE OF THE PRESENT NAME OF CHARGE PRODUCE MANAGED OF STRATEGIES OF CODE CONTAINS.		DUNTED NAME OF SPONSO MANAGERS MEMBER MANA	AGED ON ARTHOUGH DEPORT	9/8/03	516-569-5655	