


**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)**

**DOCUMENT # M99000000936**

1. Entity Name  
**3607 BROADWAY REALTY ASSOCIATES, L.L.C.**



Principal Place of Business  
**7 WEYANT DRIVE  
 CEDARHURST, NY 11516**

Mailing Address  
**7 WEYANT DRIVE  
 CEDARHURST, NY 11516**

**90155611**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**4 WEYANT DRIVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4 WEYANT DRIVE**  
 Suite, Apt. #, etc.

City & State  
**CEARHURST, NY**

City & State  
**CEARHURST, NY**

Zip  
**11516**

Zip  
**11516**

4. FEI Number  
**11-3263156**

Applied For  
 Not Applicable

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

5. Name and Address of Current Registered Agent

**JOSEPH, JERRY  
 100 GOLDEN ISLES DRIVE, SUITE 1204  
 HALLANDALE, FL 33009**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RUBIN, MARK 7 WEYANT DRIVE CEDARHURST, NY 11516</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RUBIN, MARK 4 WEYANT DRIVE CEDARHURST, NY 11516</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Mark Rubin Date: 9/8/03 Daytime Phone #: 516-569-5655

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

CR2E083 (10/02)