

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**PENDING**

03-10-2006 90131 010 \*\*\*\*\*50.00

FILE # 99000001089

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 17 AM 9:24

**DOCUMENT # M99000001089**

1. Entity Name  
**COLLEGE IMPROVEMENTS, LLC**



Principal Place of Business  
**C/O DLC MANAGEMENT CORPORATION  
580 WHITE PLAINS ROAD  
TARRYTOWN, NY 10591**

Mailing Address  
**C/O DLC MANAGEMENT CORPORATION  
580 WHITE PLAINS ROAD  
TARRYTOWN, NY 10591**



02242006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**52-2177330**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE #4  
WESTON, FL 33331**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
JIT PACKAGE PARTNERS, LLC  
580 WHITE PLAINS ROAD  
TARRYTOWN, NY 10591** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**College Equity Investors, LLC  
580 White Plains Road  
Tarrytown, NY 10591** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
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TITLE  
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STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *College Improvements, LLC  
By: College Equity Investors, LLC  
By: First Manhattan College Equity Investors Corp.*

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

Date

Daytime Phone #

*Adam Epstein, President*

**914-631-3131**