

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90140 042 ****50.00

DOCUMENT # M99000001118

1. Entity Name
BAYSWATER GLEN EAGLE, LLC



Principal Place of Business
**C/O BAYSWATER DEVELOPMENT LLC
100 S BEDFORD RD
MT KISCO, NY 10549**

Mailing Address
**C/O BAYSWATER DEVELOPMENT LLC
100 S BEDFORD RD
MT KISCO, NY 10549**

24063959



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

13-4024794

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME ANTENUCCI, ALBO J JR
STREET ADDRESS 100 S BEDFORD RD
CITY-ST-ZIP MT KISCO, NY 10549

TITLE MGR ☐ Change ☒ Addition
NAME JOHN SALDARELLI
STREET ADDRESS 100 S. Bedford Rd.
CITY-ST-ZIP Mt. Kisco, NY 10549

TITLE MGR ☒ Delete
NAME FRIEDLAND, GARY
STREET ADDRESS 100 S BEDFORD RD
CITY-ST-ZIP MT KISCO, NY 10549

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

TITLE MGR ☐ Delete
NAME BURKE, WILLIAM
STREET ADDRESS 100 S BEDFORD RD
CITY-ST-ZIP MT KISCO, NY 10549

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/27/04

Date

(914)242-7700

Daytime Phone #