

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # Z00576

1. Entity Name
ANCLOTE CORNER ASSOCIATES, L.C.



Principal Place of Business
**2525 PALMER AVE
% ALLEN WEBER
NEW ROCHELLE, NY 10801**

Mailing Address
**2525 PALMER AVE
% ALLEN WEBER
NEW ROCHELLE, NY 10801**



03132006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3123399

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BUIKEMA, CALVIN
% GRUBB & ELLIS
3030 N ROCKY POINT DR. W, SUITE 560
TAMPA, FL 33607**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PIZZITOLA, FRANK
STREET ADDRESS	733 PARK AVE.
CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	MGRM
NAME	PIZZITOLA, ELIZABETH
STREET ADDRESS	733 PARK AVE.
CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000471485
03/28/06-80056-008 50.00

**DO NOT WRITE
IN THIS SPACE**

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: Allen Weber CPA

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

3/13/06

Date

Daytime Phone # _____