


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # Z00576</b><br>1. Entity Name<br>ANCLOTE CORNER ASSOCIATES, L.C. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>2525 PALMER AVE<br>% ALLEN WEBER<br>NEW ROCHELLE, NY 10801 | Mailing Address<br>2525 PALMER AVE<br>% ALLEN WEBER<br>NEW ROCHELLE, NY 10801 |
|---|---|

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01152007 No Chg-LLC CR2E083 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3123399 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
|---|--|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>BUIKEMA, CALVIN<br>% GRUBB & ELLIS<br>3030 N ROCKY POINT DR. W, SUITE 560<br>TAMPA, FL 33607 |
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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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|--|------------|

|   |  |
|---|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b> | 000000593426<br>01/22/07-80032-008 50.00 |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>PIZZITOLA, FRANK<br>733 PARK AVE.<br>NEW YORK, NY 10021     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>PIZZITOLA, ELIZABETH<br>733 PARK AVE.<br>NEW YORK, NY 10021 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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.

|   |      |                 |
|---|------|-----------------|
| <b>SIGNATURE:</b> <u>Frank J. Pizzitola</u> <b>FRANK J. PIZZITOLA</b> <u>1/16/07</u>                        | Date | Daytime Phone # |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> |      |                 |