

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 31, 2008 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



01092008 No Chg-LLC

CR2E083 (12/07)

**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**

~~XXXXXXXXXXXX~~ PENTA, CYNTHIA  
% 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**

**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PIZZITOLA, ELIZABETH  
733 PARK AVE.  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000808668  
02/07/08-80058-007 138.75

**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:**

*Elizabeth Pizzitola*

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

Date

1/9/08

Daytime Phone #