## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # Z00576**

1. Entity Name

ANCI OTE CORNER ASSOCIATES I C



**FILED** Feb 28, 2003 8:00 am Secretary of State 02-28-2003 90040 014 \*\*\*\*50.00

| ANOLOTI   | CONNER ASSOCIATES, LA   | <b>.</b>   |                | W. W.                        |                                |  |                 |                |                          |
|---|---|--|----------------|------------------------------|--------------------------------|--|-----------------|----------------|--------------------------|
| Principal Place of Business 2525 PALMER AVE % ALLEN WEBER NEW ROCHELLE NY 10801 |   | Mailing Address<br>2525 PALMER AVE<br>% ALLEN WEBER<br>NEW ROCHELLE NY 10801 |                |                              |                                | 1871 <b>18</b> 84 <b>18</b> 14 <b>18</b> 14 1814 | Bir Giğil ğıbil | 8:8:1 8(8): 8: | (6)( 8)8)) (80)          |
| 2. Principal Place of Business  |   | 3. Mailing Address   |                |                              |                                |  |                 |                |                          |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |                |                              | ☐ CHECK HERE IF MAKING CHANGES |  |                 |                |                          |
| City & State  |   | City & State   |                |                              | 4. FEI Numbe                   | <sup>er</sup> 59-3123399                         | <br>            |                | pplied For ot Applicable |
| Zip Country   |   | Zip  |                |                              | 5. Certificate                 | of Status Desired                                |                 | 5.00 Add       | ditional                 |
|   | 6. Name and Address of Curren   | t Registered Agent   |                |                              | 7. Name and                    | Address of New Re                                |                 |                |                          |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ROAD                                     |   |  |                | Name<br>Street Address (I    | P.O. Box Numbe                 | r is Not Acceptable)                             |                 |                |                          |
| PLA   | NTATION FL 33324  |  |                | <u> </u>                     |                                |  | _               |                |                          |
|   |   |  |                | City                         |                                | · · · · · · · · · · · · · · · · · · ·            | FL              | Zip Cod        | -                        |
| 8. The above the obligat  | named entity submits this statement for<br>tions of registered agent. | or the purpose of changing i   | ts register    | red office or registere      | ed agent, or both              | n, in the State of Florid                        | da. I am far    | niliar with,   | and accept               |
| SIGNATURE   | Signature, typed or printed name of registered agent                  |  |                |                              |                                |  |                 |                |                          |
| . <u> </u>  | Signature, typed or printed name of registered agent                  | and title if applicable. (No   | OTE: Registere | ed Agent signature required  | when reinstating)              |  | DATE            |                |                          |
|   |   |  |                | FEE IS \$50.00               | -1 -4 04 -4 -                  | •  |                 |                |                          |
|   |   | Make Check Paya  |                | onda Departmer<br>ay 1, 2003 | it or State                    | •  |                 |                | - 1                      |
| 9.  | MANAGING MEMBE  | į.   | 10.            | <u> </u>                     | <u> </u>                       | ADDITIONS/C                                      | HANGES          |                | <del></del>              |
| TITLE   | MGRM  | ☐ Delete   | TITL           | E                            |                                | 7,55111011070                                    |                 | Change         | Addition                 |
| NAME<br>STREET ADDRESS  | PIZZITOLA, STEPHEN F<br>188 E 70TH STREET                             |  | NAM            | - I                          |                                |  |                 | _ 5            | _                        |
| CITY-ST-ZIP   | NEW YORK NY   |  |                | EET ADDRESS<br>'-ST-ZIP      |                                |  |                 |                |                          |
| TITLE   | MGRM  | ☐ Delete   | TITL           | ····                         |                                |  |                 | 7.05           |                          |
| NAME  | WEBER, ALLEN  |  | NAM            |                              |                                |  | L               | Change         | ☐ Addition               |
| STREET ADDRESS  | 2525 PALMER AVENUE  |  | STRE           | EET ADDRESS                  | •                              |  |                 |                |                          |
| CITY-ST-ZIP   | NEW ROCHELLE NY   |  | CITY           | -ST-ZIP                      |                                |  |                 |                |                          |
| TITLE<br>NAME   |   | ☐ Delete   | TITLE          | l                            | *                              | , <del></del>                                    |                 | ] Change       | ☐ Addition               |
| STREET ADDRESS  |   |  | NAM            | ET ADDRESS                   |                                |  |                 |                |                          |
| CITY-ST-ZIP   |   |  |                | -ST-ZIP                      | •                              |  |                 |                | 1                        |
| TITLE   |   | ☐ Delete   | TITLE          | <del></del>                  |                                |  |                 | ] Change       | Addition                 |
| NAME  |   |  | NAM            |                              | •                              |  | _               | 1 Onlings      | LI Addition              |
| STREET ADDRESS  |   |  | STRE           | ET ADDRESS                   |                                |  |                 |                | ĺ                        |
| CITY-ST-ZIP   | ·   |  | CITY           | -ST-ZIP                      |                                |  |                 |                | ļ                        |
| TITLE {   |   | ☐ Delete   | TITLE          | - 1                          | •                              |  |                 | ] Change       | ☐ Addition               |
| NAME<br>STREET ADDRESS  |   |  | NAME           |                              |                                |  |                 |                |                          |
| CITY-ST-ZIP   |   |  |                | et address<br>-st-zip        |                                |  |                 |                |                          |
| TITLE   |   | ☐ Delete   | TITLE          | <del></del>                  |                                |  |                 | 1 0            |                          |
| NAME  |   | T Delete   | NAME           |                              |                                | eri e  | L               | Change         | ☐ Addition {             |
| STREET ADDRESS  |   |  |                | ET ADDRESS                   |                                |  |                 |                |                          |
| CITY-ST-ZIP   |   |  | CITY-          | ST-ZIP                       |                                |  |                 |                |                          |
| 11. Thereby co  | ertify that the information supplied with                             | this filing does not qualify to  | y the ever     | matica state of in Co        | tion 110 07(0)(i)              | FI 11 OL 4 1 14                                  |                 |                |                          |

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: OUIGNATURE PARCHIRURGE RESENTATIVE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/22/03

Daytime Phone #