

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000003341

**Entity Name:** 900 & 5500 BROKEN SOUND ASSOCIATES LLC

**Current Principal Place of Business:**

825 THIRD AVENUE  
36TH FLOOR  
NEW YORK, NY 10022

**FILED**  
**Apr 13, 2016**  
**Secretary of State**  
**CC9522498081**

**Current Mailing Address:**

825 THIRD AVENUE  
36TH FLOOR  
NEW YORK, NY 10022 US

**FEI Number:** 26-0283034

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MEMBER  
Name P 7 900 & 5500 BROKEN SOUND LLC  
Address 825 THIRD AVENUE  
36TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title MEMBER  
Name MAINSTREET BROKEN SOUND LTD.  
Address 825 THIRD AVENUE  
36TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title AUTHORIZED PERSON  
Name STROBL, RONALD  
Address 825 THIRD AVENUE  
36TH FLOOR  
City-State-Zip: NEW YORK NY 10022

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RONALD STROBL

**AUTHORIZED PERSON**

**04/13/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date