



STATE OF NEW YORK DEPARTMENT OF LAW  
INVESTMENT PROTECTION BUREAU  
(REAL ESTATE FINANCE SECTION)  
120 Broadway, 23<sup>rd</sup> Floor  
New York, NY 10271-0332  
1-800-771-7755 TDD (for hearing impaired) 1-800-788-9898

NY FORM M-10

## SPONSORS AND SELLING AGENTS BROKER DEALER STATEMENT

All brokers and dealers whose principal business is in the offering, sale or promotion of condominiums, shares of cooperative apartment corporations or commercial cooperative corporations, interests in homeowners associations, timeshare projects, senior residences or any other participation interests in real estate, shall submit Form M-10.

Out-of-state or foreign firms must attach a certified copy of a Designation for the Service of Process from the Secretary of State. Attach additional sheets if space provided is inadequate. For assistance in completing this form, call the Real Estate Financing Section: (212) 416-8106.

Name of Registrant Fourth Avenue Property Owner LLC Telephone No.: 212-974-2844  
Address 105 Fifth Avenue New York New York 10011  
Street City State Zip  
Other offices, if any \_\_\_\_\_

1. Registrant is a ☐ corporation ☐ general partnership ☐ limited partnership  
☐ sole proprietor ☒ limited liability company  
☐ other: specify \_\_\_\_\_

Organized under the laws of Delaware

2. Registrant is a ☒ sponsor.  
☐ selling agent. If a licensed real estate broker, give state license number and expiration date \_\_\_\_\_  
☐ holder of unsold shares of a cooperative corporation.  
☐ purchaser for investment or resale of unsold shares of a cooperative corporation.  
☐ seller of interests in a homeowners association.  
☐ other: specify \_\_\_\_\_

3. If registrant is a new or substitute sponsor, broker or dealer, has this information been disclosed in an offering plan or amendment? Yes ☐ No ☐

Filing fee ..... \$300 (valid for 4 years)	Make check payable to the <b>NYS Department of Law.</b>
Additional fee for each partner, proprietor, principal, officer or director.....\$ 15.00 each	Send remittance to: Investment Protection Bureau Real Estate Finance Section NYS Department of Law 120 Broadway, 23 <sup>rd</sup> Floor New York, New York 10271
Filing fee must accompany this statement. Payment by Attorney's check, company check, certified check, bank check or money order. Personal checks not accepted.	

4. Name of cooperative, condominium, homeowners association, senior residence or timeshare which gave rise to this filing.  
613 Baltic Street Condominium

Address of same 613 Baltic Street, Brooklyn, NY 11201

5. The offering or selling will take place in:

☒ New York State only.

☐ New York and other states: specify \_\_\_\_\_

6. The offering will be made by:

☐ officers, directors and employees of registrant.

☐ selling agent. If so, give name(s) and address(es): \_\_\_\_\_

7. Has registrant, any officer, director, principal or partner ever:

A. been suspended or expelled from membership in any securities exchange, association of securities dealers or investment advisers or counsel? .....

Yes ☐ No ☒

B. had a license or registration as a dealer, broker, investment adviser or salesperson denied, suspended or revoked? .....

Yes ☐ No ☒

C. been enjoined or restrained by any court or agency from:

1. the issuance, sale or offer for sale of securities? .....

Yes ☐ No ☒

2. rendering securities advice or counsel? .....

Yes ☐ No ☒

3. handling or managing trading accounts? .....

Yes ☐ No ☒

4. continuing any practices in connection with securities? .....

Yes ☐ No ☒

D. been convicted of any crime? .....

Yes ☐ No ☒

E. used or been known by any other name? If "Yes," give other name(s).....

Yes ☐ No ☒

F. been the subject of any professional disciplinary proceeding? .....

Yes ☐ No ☒

G. been adjudged a bankrupt or made a general assignment for the benefit of creditors or been an officer, director or principal or any entity which was reorganized in bankruptcy, adjudged a bankrupt or made a general assignment for the benefit of creditors? .....

Yes ☐ No ☒

H. had an offering or selling of securities within the last three years or been an officer, director, principal or partner of any entity which had sold or offered securities within the last three years? .....

Yes ☐ No ☒

If any answer to any of the above (Question 7) is "Yes," attach statement of full particulars, giving date, nature of offense, title and location of agency or court involved, circumstances and final disposition.

8. List names and residence addresses of all securities salespersons (if none, so indicate).

9. Provide the following information for each proprietor, officer, director, principal or partner. Attach continuation sheets if more space is needed. All fields must be completed, or form will be deemed incomplete.

A. Name: Michael Stern Title: Managing Member

Home Address: 212 WEST 18<sup>TH</sup> STREET, APT #15B Phone: 646-625-3649

Place of Birth: BROOKLYN, NY Date of Birth: 6/13/79

Social Security No.: 065-76-2194

*For foreign applicants without a social security number, provide one of the following:*

Individual Taxpayer Identification Number: \_\_\_\_\_

Passport Number: \_\_\_\_\_ (Annex photocopy hereto)

Other home addresses for past ten years:

1300 Seawane Drive, Hewlett Harbor, NY 11557

Complete employment and business affiliation record for the past five years. Include periods of self-employment and unemployment. Include all corporations or other entities where person holds or held a substantial equity or controlling interest.

From Mo. Yr.	To Mo. Yr.	Employer or Business Affiliation Name Address	Position Held
2002	PRESENT	JDS DEVELOPMENT LLC 104 5 <sup>TH</sup> AVENUE, 7 <sup>TH</sup> FL NEW YORK, 10011	MANAGING PARTNER

A. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

*For foreign applicants without a social security number, provide one of the following:*

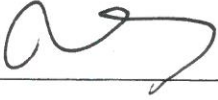
Individual Taxpayer Identification Number: \_\_\_\_\_

Passport Number: \_\_\_\_\_ (Annex photocopy hereto)

Other home addresses for past ten years:

From Mo. Yr.	To Mo. Yr.	Employer or Business Affiliation Name Address	Position Held

10. The undersigned constitute all proprietors, officers, directors, principals or partners of the registrant. Each hereby represents that all statements contained herein are true and correct and understands that any false statement shall constitute a violation of Article 23-A of the General Business Law. **Signatures must be dated, or form will be deemed incomplete.**

<u>Signature</u>	<u>Name and Title (Please type or print)</u>	<u>Date</u>
	Michael Stern, Managing Member	7/28/2015