

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 24, 2004 8:00 am
Secretary of State

09-24-2004 90037 009 ****50.00

DOCUMENT # L00000000241

1. Entity Name

THE DELAURENTIS FAMILY, LLC



Principal Place of Business

925 MARKET STREET
 PATERSON NJ 07513

Mailing Address

925 MARKET STREET
 PATERSON NJ 07513

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2514426

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required



MOORE

CR2E083 (4/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEAPLEY, ROBERT A
 200 WEST FORSYTH STREET, SUITE 1400
 JACKSONVILLE FL 32202-4327

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
 NAME MGR
 STREET ADDRESS DELAURENTIS, GERALD D
 CITY-ST-ZIP 925 MARKET ST.
 PATTERSON NJ 07513

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

11. 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:

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

Gerald Delaurentis

9-20-04

Date

973-345-0320

Daytime Phone #