

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90190 011 ****50.00

DOCUMENT # L00000004085
 1. Entity Name
 354 SOUTH BEACH ROAD, L.L.C.



Principal Place of Business: C/O GORDON O. DANSER, 5 INDEPENDENCE WAY, PRINCETON, NJ 08540
 Mailing Address: C/O GORDON O. DANSER, 5 INDEPENDENCE WAY, PRINCETON, NJ 08540

20007466

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01102006 No Chg-LLC CR2E083 (11/05)
 4. FEI Number: 22-3739365 Applied For / Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent:
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JOHNSON, JAMES L
STREET ADDRESS	P.O. BOX 86
CITY-ST-ZIP	OLDWICK, NJ 08858
TITLE	M
NAME	JOHNSON, JAMES L
STREET ADDRESS	P.O. BOX 86
CITY-ST-ZIP	OLDWICK, NJ 08858
TITLE	M
NAME	JOHNSON, GRETCHEN W
STREET ADDRESS	P.O. BOX 86
CITY-ST-ZIP	OLDWICK, NJ 08858
TITLE	M
NAME	SCHLESSINGER, KAREN
STREET ADDRESS	P.O. BOX 86
CITY-ST-ZIP	OLDWICK, NJ 08858
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: [Signature] Date: _____ Daytime Phone #: 609-987-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE