


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

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
--	--

DO NOT WRITE IN THIS SPACE



01182007No Chg-LLC CR2E083 (11/05)


4. FEI Number 22-3739365	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 remaining)

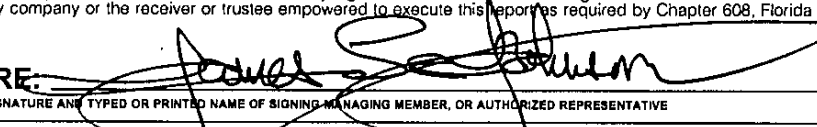
**Filing Fee is \$50.00
 Due by May 1, 2007**

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

L00000743842
 05/15/07-80125-006 50.00

DO NOT WRITE IN THIS SPACE

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