2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) -- DUE BY MAY 1, 2008

SIGNATURE:

Feb 08, 2008 08:00 AN Secretary of State DOCUMENT # L04000075934 1. Entity Name 1010, LLC Principal Place of Business Mailing Address 370 RUGBY ROAD 370 RUGBY ROAD CEDARHURST NY 11516 CEDARHURST NY 11516 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 20-2174468 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UNITED CORPORATE SERVICES, INC. Street Andress (P.O. Box Number is Not Acceptable) 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI FL 33156 City 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 of registerad agent and fitte if each action (NOTE: Registered Agent \$4) latien required when reinstating FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE MGRM ☐ Change ☐ Addition Delete TITI F NAME NAME SALOMON, ZEV ARON STREET ADDRESS 370 RUGBY ROAD STREET ADDRESS U00000821483 02/19/08-80026-009 138. CITY-ST-Z/P CITY-ST-ZIP CEDARHURST NY 11516 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ANDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZE TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY- ST - ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shallmave the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receive or try ties empowered be execute this report as required by Chapter 608. Florida Statutes.

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

FILED

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