

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


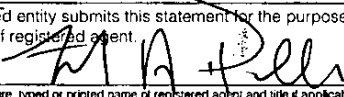
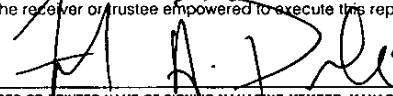
FILED
Jul 18, 2006 8:00 am
Secretary of State

07-18-2006 90006 043 ****50.00

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05172006 Chg-LLC CR2E083 (11/05)

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|--|------------------------|--|--|---|--|
| DOCUMENT # L05000010980 | | | |  | |
| 1. Entity Name 1606 EAST JEFFERSON, LLC | | | | | |
| Principal Place of Business 413 PRAIRIE LAKE DRIVE FERN PARK, FL 32730 | | | Mailing Address 413 PRAIRIE LAKE DRIVE FERN PARK, FL 32730 | | |
| 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 43-2074062 | |
| | | | | 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 | | | 7. Name and Address of New Registered Agent | | |
| PIUMELLI, MICHAEL P 413 PRAIRIE LAKE DRIVE FERN PARK, FL 32730 | | | 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  | | (NOTE: Registered Agent signature required when reinstating) | | DATE | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | | |
| Filing Fee is \$50.00 Due by September 6, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGRM | <input checked="" type="checkbox"/> Delete | TITLE | MGRM | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | THE EMO & WC, LLC | | NAME | Hubco, LLC | |
| STREET ADDRESS | 300 LANIDEX PLAZA | | STREET ADDRESS | 100 Ocean Way | |
| CITY-ST-ZIP | PARSIPPANY, NJ 07054 | | CITY-ST-ZIP | Vero Beach, FL 32963 | |
| TITLE | MGRM | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PIUMELLI, MICHAEL P | | NAME | | |
| STREET ADDRESS | 413 PRAIRIE LAKE DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | FERN PARK, FL 32730 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 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:  | | Date | | Daytime Phone # | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | 973-818-1919 | |