


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000123677 1. Entity Name OCCUM ASSOCIATES LLC	
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Principal Place of Business - % ROBERT L. CALLENDER 201 SOMERSET AVENUE SOUTHAMPTON NY 11968	Mailing Address % ROBERT L. CALLENDER 201 SOMERSET AVENUE SOUTHAMPTON NY 11968
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/06)

4. FEI Number NO-T APPLICABLE	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

HAGOORT, NICHOLAS H JR.
1901 S. CONGRESS AVENUE, STE. 360
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	<input type="checkbox"/> Delete
MGRM	CALLENDER, ROBERT L. 201 SOMERSET AVENUE SOUTHAMPTON NY 11968	<input type="checkbox"/>
MGRM	CALLENDER, CATHY S 785 PARK AVENUE, APT. 16B NEW YORK NY 10121	<input type="checkbox"/>
MGRM	DONOVAN, DAVID J P.O. BOX 402 BRADFORD NH 03221	<input type="checkbox"/>
MGRM	DONOVAN, CYNTHIA P.O. BOX 402 BRADFORD NJ 03221	<input type="checkbox"/>
MGRM	FLEMING, RICHARD 500 OCEAN STREET, UNIT 140 HYANNIS MA 02601-4771	<input type="checkbox"/>
		<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	000000614910 02/06/07-80050-012 50.00	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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 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: Robert Calender 4/29/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #