2005 LIMITED LIABILITY COMPANY

Jan 14, 2005 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # M04000002067** 1. Entity Name 01-14-2005 90035 001 ****50.00 VILLÁGE CAPITAL & INVESTMENT LLC Principal Place of Business Mailing Address **64 COTTAGE STREET 64 COTTAGE STREET** MIDLAND PARK, NJ 07432 MIDLAND PARK, NJ 07432 2. Principal Place of Business 2000 HORIZON WAY 01072005 Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required is of Current Registered Agent 7. Name and Address of New Registered Agent CORPDIRECT AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 103 N. MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9 10, ADDITIONS/CHANGES 1111 E MGRM mGR☐ Delete TITLE Change ☐ Addition PANEBIANCO, JOSEPH PANEBIANCO, LOSEPI 64 COHAGE STREET NAME NAME **64 COTTAGE STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIDLAND PARK, NJ CITY-ST-7P MIDLAND MGRM Change TITLE ☐ Delete TITLE MGR ☐ Addition FRIERMAN, MICHAEL NAME NAME RIERMAN, MICHAEL 14 RENFREW AVENUE STREET ADDRESS STREET ADDRESS 14 Renfrew AUE. CITY-ST-ZIP TRENTON, NJ 08618 CITY-ST-ZIP 08618 TITLE Delete TITLE Change Addition MGR NAME NAME KUBE, RYAN 1980 BUCKINGHAM DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JAMISON ☐ Defete TITLE MGR X Addition PERRI NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Addition NAME NAME EIBOWITZ, STREET ADDRESS STREET ADDRESS 733 BARTON R CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

CITY-ST-7IP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

FILED