2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000004354

Entity Name
PRADO ACQUISITION LLC



Principal Place of Business

SIGNATURE:

15 EAST NORTH STREET DOVER, DE 19001

DOVER, DE 19001 8 Ind ustrial way East 2nd FL Eaton town ,NJ 07724 Mailing Address

15 EAST NORTH STREET
DOVER, DE 19001 Clo Wharton (lally
8 Industrial way East 2nd Floor
Eaten town NJ 07724

FILED Feb 23, 2005 8:00 am Secretary of State

02-23-2005 90154 048 ****50.00

20014953



01172005 No Chg-LLC

CR2E083 (10/03)

I. FEI Number	 	Applied For
20-1712895		Not Applicable
. Certificate of Status Desired	\$5.00 Fee Be	Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PASSIDOMO, KATHLEEN C ESQ. 2640 GOLDEN GATE PARKWAY, SUITE 305 NAPLES, FL 34105

DO	NOT	WRITE
IN	THIS	SPACE

	lions of registered agent.	gring his registered ember or registered agent, or be	-
SIGNATURE:	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
D	iling Fee is \$50.00 ue by May 1, 2005	(NOTE: Registered Agent Styrater of Degree of Note Containing)	
9.	MANAGING MEMBERS/MANAGERS		
NAME STREET ADDRESS CITY-ST-ZIP	MGR MASSRY, DANIEL 8 INDUSTRIAL WAY EAST, 2ND FLOOR EATONTOWN, NJ 07724		
NAME STREET ADDRESS CITY-ST-ZIP	MGR MASSRY, MARK 8 INDUSTRIAL WAY EAST, 2ND FLOOR EATONTOWN, NJ 07724		
TITLE NAME STREET ADDRESS CITY-S1-ZIP	-	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·
11. I hereby indicated	certify that the information supplied with this filing does not qu d on this report is true and accurate and that my signature sha ability company or the receiver or trustee empowered to execu	railly for the exemption stated in Section 119.07(3 Il have the same legal effect as if made under oat the this report as required by Chapter 608, Florida	(i), Florida Statutes. I further certify that the information h; that I am a managing member or manager of the Statutes.

NG MEMBER, OR AUTHORIZED REPRESENTATIVE

9. The above parted actify cultimits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accent