


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90136 013 \*\*\*\*50.00

|  |   |
|--|---|
| DOCUMENT # M04000004354<br>1. Entity Name<br>PRADO ACQUISITION LLC |  |
|--|---|

00001700

|   |   |
|---|---|
| Principal Place of Business<br>8 INDUSTRIAL WAY EAST 2ND PLACE<br>EATONTOWN, NJ 07724 | Mailing Address<br>8 INDUSTRIAL WAY EAST 2ND PLACE<br>EATONTOWN, NJ 07724 |
|---|---|



01042006No Chg-LLC CR2E083 (11/05)

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|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>20-1712895                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
 2731 EXECUTIVE PARK DRIVE, SUITE 4  
 WESTON, FL 33331

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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 \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MASSRY, DANIEL<br>8 INDUSTRIAL WAY EAST, 2ND FLOOR<br>EATONTOWN, NJ 07724 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MASSRY, MARK<br>8 INDUSTRIAL WAY EAST, 2ND FLOOR<br>EATONTOWN, NJ 07724   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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: *Daniel Massry*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #