

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004429

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: COMMUNITY COUNSELLING SERVICE CO., LLC

**Current Principal Place of Business:**

461 FIFTH AVENUE  
NEW YORK, NY 10017

**New Principal Place of Business:**

**Current Mailing Address:**

461 FIFTH AVENUE  
NEW YORK, NY 10017

**New Mailing Address:**

3349 HIGHWAY 138  
BUILDING C, SUITE D  
WALL, NJ 07719

FEI Number: 90-0286107

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JOSEPH, LEE  
Address: 461 FIFTH AVENUE  
City-St-Zip: NEW YORK, NY 10017

Title: MGR ( ) Delete  
Name: HANRAHAN, WILLIAM B  
Address: 461 FIFTH AVENUE  
City-St-Zip: NEW YORK, NY 10017

Title: MGR ( ) Delete  
Name: KISSANE, ROBERT  
Address: 461 FIFTH AVENUE  
City-St-Zip: NEW YORK, NY 10017

Title: MGR ( ) Delete  
Name: MOUGHAN, PATRICK W  
Address: 461 FIFTH AVENUE  
City-St-Zip: NEW YORK, NY 10017

Title: MGR ( ) Delete  
Name: GERUN, MICHAEL  
Address: 3349 HWY 138, BLDG C, STE D  
City-St-Zip: WALL, NJ 07719

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL GERUN

MGR

04/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date