FILED Jul 25, 2008 8:00 am

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LIMITED EIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # MD6000004766

1. Entity Name

Secretary of State 06-18-2008 90070 001 ****50.00 07-25-2008 90016 001 ****88.75 50008953 DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$5.00 Additional Fee Required **SUITE 201** Zip Code 33161 DATE DO NOT WRITE IN THIS SPACE

Date

410 SW 15TH ST FLAILLC DO NOT WRITE IN THIS SPACE 3. Mailing Address
11 COVENTRY ROAD 2. Principal Place of Business C/O CURTIS FOSTER Suite, Apt. #, etc. Suite, Apt. #, etc City & State LIVINGSTON , NJ City & State 4. FEI Number 20-2917172 Country Zip Country Zip 5. Certificate of Status Desired USA 07039 7. Name and Address of Current Registered Agent RENAE MELTZER DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 1 BISCAYNE PLACE IN THIS SPACE 11098 BISCAYNE BLVD City MIAMI 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 FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS 9. mu TITLE MEMBER **CURTIS FOSTER** HAME NAME 11 COVENTRY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LIVINGSTON, NJ 07039 CITY-ST-ZP MEMBER TITLE TITLE NAME STEVEN MILLER 5 CANTERBURY ROAD STREET ACCRESS STREET AD CITY-ET-ZIP LIVINGSTON, NJ 07039 CITY-ST-ZF TITLE MEMBER TITLE MAME IVY MINDLIN MAME STREET ADORESE 7 COVENTRY ROAD CITY-ST-ZD LIVINGSTON, NJ 07039 C/TY-\$1-2 TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADOPESS STREET ADDRESS CITY-ST-ZUP CITY-ST-ZIP TITLE TITLE NAME MAME STREET ADDRESS CITY-\$1-20 11, I hereby certify that the information supplied with this fitting 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 each; 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 Standes. SIGNATURE: Daytime Phone # ATTACHMENT 50008953 #M0600004766

MORTGAGE ASSOCIATES the hassle free mortgage 908-276-7400

AS DER MY ACCOUNTMENT.

AGREEMENT + DISCUSSION WITH

THIS DEPT. ONLY 88.75

IS DUE AT THIS TIME. THERE

IS NO FINE. ANY QUESTIONS

PLONSE CALL MY ACCOUNTMENT

ROBERTMILLER CPA @

201-819-5154.

THANK GW.