

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90195 006 \*\*\*\*50.00

**DOCUMENT # L05000014845**

1. Entity Name  
 4510, LLC



Principal Place of Business  
 939 MONCRIEFF ROAD  
 MONTREAL  
 QUEBEC, CANADA, H3R3A-3

Mailing Address  
 939 MONCRIEFF ROAD  
 MONTREAL  
 QUEBEC, CANADA, H3R3A-3



01312007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

WILLNER, ROBIN I  
 18851 NW 29TH AVENUE, SUITE 900  
 AVENTURA, FL 33180

**DO NOT WRITE  
 IN THIS SPACE**

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 3267351 CANADA INC. 939 MONCRIEFF ROAD QUEBEC, CANADA, H3R3A3
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**DO NOT WRITE  
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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:** *Robin Gelli* 3267351 CANADA INC Jan 31/07 514-3422092

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