May-01-07 08:59am From-Wolf Haldenstien 212683 5

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Jun 05, 2007 8:00 am
Secretary of State
05-07-2007 90375 007 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000113933

1. Entity Name
ABER FAMILY LLC

30009897

Principal Place of Business
188 ALBEMARLE ROAD
WHITE PLAINS, NY 10605

Mailing Address
188 ALBEMARLE ROAD
WHITE PLAINS, NY 10605

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

04302007 Chg-LLC CR2E093 (12/06)

4. FEI Number 20-8014499 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BLAKEMAN, RICHARD R
1903 NW CORPORATE BOULEVARD
SUITE 400E
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent
Name
Street Address (P. O. Box Number Is Not Acceptable)
City FL Zip Code

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ABER, JUDAH 188 ALBEMARLE ROAD WHITE PLAINS, NY 10605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Judah Aber 5/1/07 718-548-3355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #