

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90047 006 ***138.75

DOCUMENT # L00000004085

1. Entity Name
354 SOUTH BEACH ROAD, L.L.C.



Principal Place of Business
C/O GORDON O. DANSER
5 INDEPENDENCE WAY
PRINCETON, NJ 08540

Mailing Address
C/O GORDON O. DANSER
5 INDEPENDENCE WAY
PRINCETON, NJ 08540

60030295



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122008 Chg-LLC CR2E083 (12/06)

4. FEI Number
22-3739365

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, JAMES L	
STREET ADDRESS	P.O. BOX 86	
CITY-ST-ZIP	OLDWICK, NJ 08858	
TITLE	M	<input type="checkbox"/> Delete
NAME	JOHNSON, JAMES L	
STREET ADDRESS	P.O. BOX 86	
CITY-ST-ZIP	OLDWICK, NJ 08858	
TITLE	M	<input type="checkbox"/> Delete
NAME	JOHNSON, GRETCHEN W	
STREET ADDRESS	P.O. BOX 86	
CITY-ST-ZIP	OLDWICK, NJ 08858	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	SCHLESSINGER, KAREN	
STREET ADDRESS	P.O. BOX 86	
CITY-ST-ZIP	OLDWICK, NJ 08858	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/18/08

Date

908-439-3130

Daytime Phone #