


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000006466</b> 1. Entity Name DENCARL ASSOCIATES, LLC	
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Principal Place of Business 550 MAMRONECK AVE SUITE 404 HARRISON, NY 10528	Mailing Address 550 MAMRONECK AVE SUITE 404 HARRISON, NY 10528
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03042005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

BLALOCK LANDERS WALTERS & VOGLER PA 802 11TH ST W BRADENTON, FL 34205
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**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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BERNARD H. KAYDEN LIVING TRUST 10312 SHIREOAKS LANE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MILDRED KAYDEN LIVING TRUST 10312 SHIREOAKS LANE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SANDA K LAMBERT, REV TRUST 2855 WOODLAND DR WASHINGTON, DC 20008
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KAYDEN, JEROLD S 11 CLEMENT CIRCLE CAMBRIDGE, MA 07138
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000268123  
03/18/05-80054-U12 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 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, OR AUTHORIZED REPRESENTATIVE

3/15/05

Date

914/381-1010

Daytime Phone #