

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED**

**Jan 28, 2008 08:00 AM**  
**Secretary of State**

|                                             |                                                                                   |
|---------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L00000015373</b>              |  |
| 1. Entity Name<br><b>EDNA B. RELLA, LLC</b> |                                                                                   |

|                                                                            |                                                                |
|----------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business<br><b>1421 FERRIS PLACE<br/>BRONX NY 10461</b> | Mailing Address<br><b>1421 FERRIS PLACE<br/>BRONX NY 10461</b> |
|----------------------------------------------------------------------------|----------------------------------------------------------------|



|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 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 |

1st MOORE CR2E083 (10/07)

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>58-2607567</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |                                                        |

|                                                                                                  |
|--------------------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b>                                           |
| <b>LAW OFFICE OF LAWRENCE E. BLACKE P.A.<br/>3326 NE 33RD STREET<br/>FT. LAUDERDALE FL 33308</b> |

|                                                    |
|----------------------------------------------------|
| <b>7. Name and Address of New Registered Agent</b> |
| Name                                               |
| Street Address (P.O. Box Number is Not Acceptable) |
| City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when re-issuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**

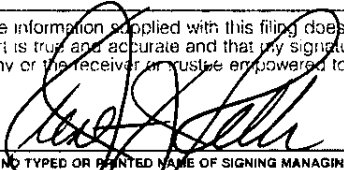
**After May 1, 2008, Fee Will Be \$538.75**

**Make Check Payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS                 |                                                                                                               |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>MGRM<br/>RELLA, FRANK J<br/>1421 FERRIS PLACE<br/>NEW YORK NY 10461</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                               |

| 10. ADDITIONS / CHANGES                        |                                                                                                                        |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U00000802408<br/>02/01/08-80058-007 138.75</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **FRANK J. RELLA MGRM 1/24/08 (8002238075)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day to Print #