2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000021752

1. Entity Name HERDOR, LLC



Principal Place of Business

54 W. 39TH STREET 14TH FLOOR

NEW YORK, NY 10018-3808

Mailing Address

54 W. 39TH STREET 14TH FLOOR

NEW YORK, NY 10018-3808

FILED Jan 19, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 60-0001241

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

STONE, STEPHEN M

6. Name and Address of Current Registered Agent

725 NORTH MAGNOLIA AVE. ORLANDO, FL 32803

DO NOT WRITE IN THIS SPACE

| The above named entity submits this | statement for the purpose of | changing its registered office of | or registered agent, or both, | in the State of Florida. | I am familiar with, and a | ccept |
|--------------------------------------|------------------------------|-----------------------------------|-------------------------------|--------------------------|---------------------------|-------|
| 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 | MGRM | | | | | |
| NAME | KUNSTADT, HERBERT | | | | | |
| STREET ADDRESS | 54 W. 39TH ST 14TH FLOOR | | | | | |
| CITY-ST-ZIP | NEW YORK, NY 10018 | | | | | |
| TITLE | MGR | | | | | |
| NAME | KUNSTADT, DOROTHY | | | | | |
| STREET ADDRESS | 54 W. 39TH ST 14TH FLOOR | | | | | |
| CITY-ST-ZIP | NEW YORK, NY 10018 | | | | | |
| TITLE | | | | | | |
| NAME | | | | | | |
| STREET ADDRESS | | | | | | |
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| STRLET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | |
| 44. I haveby cartify that the information symplicid with this filling does not available for the ex- | | | | | | |

DO NOT WRITE IN THIS SPACE

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:

Hunsfadt

JM15,24

WW 221 6607

Date

Daytime Phone #