

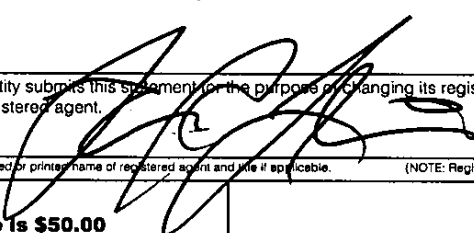
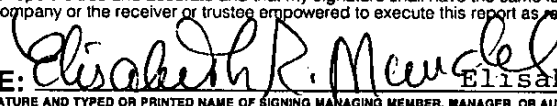


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90053 035 ****50.00

DOCUMENT # L02000012601 1. Entity Name STINKY KNOLL, LLC					
Principal Place of Business 93 PINE ARDEN DRIVE WEST BOYLSTON, MA 01583			Mailing Address 93 PINE ARDEN DRIVE WEST BOYLSTON, MA 01583		
2. Principal Place of Business 329 Perkins Street Suite, Apt. #, etc.		3. Mailing Address 329 Perkins Street Suite, Apt. #, etc.			
City & State Boston, MA		City & State Boston, MA		02162005 Chg-LLC CR2E083 (10/03)	
Zip 02130		Country USA		4. FEI Number 01-0715442	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent LEVINE & SEGAUL, P.A. 4300 N. UNIVERSITY DRIVE A-106 FORT LAUDERDALE, FL 33351			7. Name and Address of New Registered Agent Name Lawrence A. Levine P.A. Street Address (P.O. Box Number is Not Acceptable) 790 East Broward Blvd., Suite 302 City Fort Lauderdale FL Zip Code 33301		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> Lawrence A. Levine <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUNDEL, ELISABETH R 329 PERKINS STREET BOSTON, MA 02130	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUNDEL, ELISABETH R 329 PERKINS STREET BOSTON, MA 02130	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUNDEL, ELISABETH R 329 PERKINS STREET BOSTON, MA 02130	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUNDEL, ELISABETH R 329 PERKINS STREET BOSTON, MA 02130	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUNDEL, ELISABETH R 329 PERKINS STREET BOSTON, MA 02130	<input type="checkbox"/> Delete			
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:  Elisabeth R. Mundel 2/22/05 617522-6425 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

Managing Member