

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000021794

1. Entity Name
BANYAN GROUP LP, LLC



Principal Place of Business
**422 CLEVELAND AVENUE
HARRISON, NJ 07029**

Mailing Address
**422 CLEVELAND AVENUE
HARRISON, NJ 07029**



03302005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
45-0486433

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WELLS, DAVID E
C/O HUNTON & WILLIAMS
1111 BRICKELL AVE., SUITE 2500
MIAMI, FL 33131**

**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 reinstalling)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

1100000299617
04/11/05-80113-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PINTO, CARLOS
195 WINDSOR STREET
KEARNY, NJ 07032**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SILVA, PAULO
63-69 ROME STREET
NEWARK, NJ 07105**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PACHECO, JOSE
427 JERSEY STREET
HARRISON, NJ 07029**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

Date

Daytime Phone #