2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2006
Secretary of State

DOCUMENT# L02000030456

Entity Name: PETRA COMFY, LLC

Current Principal Place of Business:

620 WASHINGTON AVENUE
CARLSTADT, NJ 07072

New Principal Place of Business:

5801 WEST SIDE AVENUE
PO BOX 67
NORTH BERGEN, NJ 07047

Current Mailing Address:

620 WASHINGTON AVENUE
CARLSTADT, NJ 07072

New Mailing Address:

5801 WEST SIDE AVENUE
PO BOX 67
NORTH BERGEN, NJ 07047

FEI Number: 11-3668254 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TEPPER, JACOB
2557 NW 63RD STREET
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	TEPPER, JACOB	
Address:	2557NW 63RD ST.	
City-St-Zip:	BOCA RATON, FL 33496	
Title:	MGR	( ) Delete
Name:	MENDAL, STEVEN	
Address:	422 EAST 72ND ST.	
City-St-Zip:	NEW YORK, NY 10021	
Title:	MGR	( ) Delete
Name:	TRIANDAFELLOS, DEAN	
Address:	61 AMSTERDAM DR.	
City-St-Zip:	FREEHOLD, NJ 07728	
Title:	MGR	( ) Delete
Name:	REID, MICHAEL	
Address:	620 WASHINGTON STREET	
City-St-Zip:	CARLSTADT, NJ 07072	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL REID CONT 08/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date