## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 16, 2007 8:00 am Secretary of State 05-16-2007 90173 030 \*\*\*\*50.00

NAME STREET ADDRESS CITY-ST-ZIP SADDLE RIVER, NJ 07458  TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Nam	MENT # L02000033	375	: (			U3-16-2007 S		0 50	
Suite, Apt. #, etc.    City & State	103 WEST MA	ARION AVENUE	103 WEST MARION AVI		•		·			1 <b>71</b> 1 84 1 <b>41</b> 1
City & State  Country  Country  Country  Special Desired  Re1-0596549  Scortification of Status Desired  Scortification of Status Desired  Scortification of Status Desired  Scortification of Status Desired  Replications  For Required  Rendermand Address of Current Registered Agent  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  Scortification of Registered Agent  City  FL Zip Code  Scortification of Registered Agent and State Mark Incomes and Address of New Registered Agent Age	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Signary   Sign	Suite, Apt. #, etc.				04062007	Chg-LLC	CR2E08	33 (12/06)		
E. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name    Name	City & State		City & State		I			<del></del>		
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip 	Countr	ry 			<u>.                                    </u>	ee Require	
CLSPN, RONALD L 103 WEST MARION AVENUE PUNTA GORDA, FL 33950  City FL Zép Code  City		6. Name and Address of Current F	legistered Agent			7. Name and	Address of New Re	egistered A	gent	
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 hand or printed name of registered agent and 169 if applicable.  PILING Fee Is \$50.00  Due by May 1, 2007  PILING Fee Is \$50.00  Make check payable to Florida Department of State  PILING Fee Is \$50.00  Due by May 1, 2007  PILING Fee Is \$50.00  SIRETH ADDRESS  CITY-ST-2P  Addition  MCRM ROGERS, CYNTHIA A  NAME SIRETH ADDRESS  CITY-ST-2P  TITLE NAME SIRETH AD	103 WEST	MARION AVENUE	·	-		P.O. Box Number	r is Not Acceptable	)		
SIGNATURE SPANATURE SPANAT				<u> </u>	City			FL	Zip Code	ə
Filling Fee is \$50.00 Disc by May 1, 2007  Services, page or protect name of negletical specific of significants of the spoketals.  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  TITLE MARE ROGERS, CYNTHIA A 14 RED ROCK TRAIL SADDLE RIVER, NJ 07458  15 REET ADDRESS CITY-ST-2IP  TITLE MAKE STREET ADDRESS CITY-ST-2IP  TITLE STREET ADDRESS			the purpose of changing its	registered	d office or registe	ed agent, or both	, in the State of Flo	rida. I am fa	amiliar with,	and accept
P. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  TITLE MGRM ROGERS, CYNTHIA A Delete ITILE NAME SIREET ADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS CITY-ST-2IP  TITLE DELETE ROMES STREET ADDRESS CITY-ST-2IP  TITLE NAME	SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT)	E: Registered	Agent signature required	( when reinstating)		DATE		
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  ITILE NAME ROGERS, CYNTHIA A SIREET ADDRESS CITY-ST-ZIP SADDLE RIVER, NJ 07458  ITILE NAME SIREET ADDRESS CITY-ST-ZIP  ITI	Filing Fee is \$50.00 Due by May 1, 2007					Florida Department of State				
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Daytime Phone #