

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000666

Entity Name: SECAUCUS 3000, L.L.C.

FILED  
May 23, 2007  
Secretary of State

## Current Principal Place of Business:

11402 N.W. 41 ST.  
#117  
MIAMI, FL 33178

## New Principal Place of Business:

## Current Mailing Address:

11402 N.W. 41 ST.  
#117  
MIAMI, FL 33178

## New Mailing Address:

FEI Number: 20-0356077      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:

LECUNA, JOSE  
11402 N.W. 41 ST.  
#117  
MIAMI, FL 33178 US

## Name and Address of New Registered Agent:

LECUNA, JOSE A  
11402 N.W. 41 ST.  
#117  
MIAMI, FL 33178 US

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: JOSE LECUNA

05/23/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: BUROZ, ROSALYN  
Address: 11402 NW. 41 ST  
City-St-Zip: MIAMI, FL 33178

Title: MGRM ( ) Delete  
Name: LECUNA, JOSE A  
Address: 11402 NW. 41 ST  
City-St-Zip: MIAMI, FL 33133

## ADDITIONS/CHANGES:

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 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: ROSALYN BUROZ

MGR

05/23/2007

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