## **2007 LIMITED LIABILITY COMPANY**

**FILED** Mar 16, 2007 08:00 Al ate

ANNUAL REPORT				Secretary of Sta	
1. Entity Nam	MENT # L03000021	841		Secretar	y 01 St
Principal Plac 3411 ROUNI SOMERVILLE	D HILL RD.	Mailing Address 3411 ROUND HILL RD. SOMERVILLE, NJ 08876	!		
DO NOT WRITE IN THIS SPAC			CE	02192007 No Chg-LLC CR2E083 (11/d  4. FEI Number	Applied For Not Applicable Additional
6. Name and Address of Current Registered Agent FLORIDA INCORPORATORS, INC. 8875 HIDDEN RIVER PKWY, STE 300 TAMPA, FL 33637			DO NOT WRITE IN THIS SPACE		
the obligat	named entity submits this statement for tions of registered agent.  Signature, typed or printed name of registered agent a lilling Fee is \$50.00 to by May 1, 2007		ed office or register	red agent, or both, in the State of Florida I am familiar wind agent, or both, in the State of Florida I am familiar wind agent, or both, in the State of Florida I am familiar wind agent, or both, in the State of Florida I am familiar wind agent, or both, in the State of Florida I am familiar wind agent, or both, in the State of Florida I am familiar wind agent, or both, in the State of Florida I am familiar wind agent, or both, in the State of Florida I am familiar wind agent, or both, in the State of Florida I am familiar wind agent, or both, in the State of Florida I am familiar wind agent, or both, in the State of Florida I am familiar wind agent, or both in the State of Florida I am familiar wind agent age	th, and accept
S.  IITLE  NAME  STREET ADDRESS CITY-SY-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM KUROWSKI, MICHAEL 3411 ROUND HILL RD, SOMERVILLE, NJ 08876 MGRM KUROWSKI, ARLINE 3411 ROUND HILL RD, SOMERVILLE, NJ 08876	RS/MANAGERS		000000659203 03/27/07-80064~ DO NOT WRITE IN THIS SPACE	001 50.0
CITY-ST-ZIP		<del></del>			

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 508, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF AGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE