

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037603

Entity Name: LYNX INVESTORS, LLC

FILED
Jan 30, 2007
Secretary of State

Current Principal Place of Business:

20241 BOCA WEST DRIVE
2702
BOCA RATON, FL 33434

New Principal Place of Business:

43 HARRISON AVE
HIGHLAND PARK, NJ 08904

Current Mailing Address:

20241 BOCA WEST DRIVE
2702
BOCA RATON, FL 33434

New Mailing Address:

43 HARRISON AVE
HIGHLAND PARK, NJ 08904

FEI Number: 57-1187686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASCHLER, MATTHEW H ESQ
2255 GLADES RD STE
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

MATTHEW H. MASCHLER ESQ.,PC
2255 GLADES RD
SUITE 324A
BOCA RATON, FL 33431 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: MATTHEW H. MASCHLER ESQ.,PC

01/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MASCHLER, MATTHEW H ESQ.
Address: RARITAN PLAZA ONE
City-St-Zip: EDISON, NJ 08837

Title: MGR () Delete
Name: MCCARTY, MICHAEL
Address: C/O MATTHEW H. MASCHLER, RARITAN PLAZA ONE
City-St-Zip: EDISON, NJ 08837

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 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: MATTHEW H. MASCHLER

MGR

01/30/2007

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