2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State 07-15-2005 90066 013 ****50.00 **DOCUMENT # L04000003083** 2360 CLARK STREET, LLC 20063991 Principal Place of Business Mailing Address 1319 PROSPECT ST 1319 PROSPECT ST WESTFIELD, NJ 07090 WESTFIELD, NJ 07090 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06302005 CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 20-0584653 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARNETT, LESLIE J Street Address (P.O. Box Number is Not Acceptable) 601 BAYSHORE BLVD, STE 700 TAMPA, FL 33606 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE ☐ Delete TITLE Addition MGRM ☐ Change NAME NAME Malcolm Schwartz STREET ADDRESS STREET ADDRESS 1319 Prospect Street CITY-ST-ZIP CITY-ST-ZIP Westfield NJ 07090 TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this flight does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that pay 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 endowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

MAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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