## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000025862

Entity Name: 4GNJ, L.L.C.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1859 IVORY CANE POINT HOSPITAL

NAPLES, FL 34119 JERSEY CITY, NJ

Current Mailing Address: New Mailing Address:

1859 IVORY CANE POINT 821 KOMAN DR

NAPLES, FL 34119 PARAMUS, NJ 07652

FEI Number: 20-0925475 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARNER, JOHN A 800 LAUREL OAK DRIVE, SUITE 303 NAPLES, FL 34108 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:

Electronic Signature of Registered Agent Date

Electronic Signature of Registered Agent

A DDITIONS/CHANCES

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition Name: MARCIANO, NICHOLAS J Name: DELL'AQUILA, ANTHONY P

 Address:
 1859 IVORY CANE POINTE
 Address:
 821 KOMAN DR

 City-St-Zip:
 NAPLES, FL 34119
 City-St-Zip:
 PARAMUS, NJ 07652

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DELL'AQUILÀ, ANTHONY
 Name:

 Address:
 821 KOMAN DRIVE
 Address:

 City-St-Zip:
 PARAMUS, NJ 07652
 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: ANTHONY DELL'AQUILA OWNE 04/29/2009