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Feb 15, 2005 8:00 am
Secretary of State

01-18-2005 90180 020 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/1

DOCUMENT # L04000033455

1. Entity Name
T A REUNION, LLC

30000433

Principal Place of Business	Mailing Address
40 BEDFORD ROAD KATONAH, NY 10536	40 BEDFORD ROAD KATONAH, NY 10536

01122005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. O/C		PO Box 745 Suite, Apt. #, etc.	
City & State		City & State KATONAH, NY	
Zip	Country	Zip 10536-0745	Country USA

4. FEI Number 13-4279297 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FITZGERALD, JOHN E JR.
9165 PARK DRIVE
MIAMI SHORES, FL 33138

7. Name and Address of New Registered Agent

Name.

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 Anne BD Reid, Managing Member ANNE BD REID DATE 1-12-05
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 May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER ANNE BD REID 559 GUARD HILL RD BEDFORD, NY 10506	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER TIMOTHY SLOMINSKI 15 CORLANDT PLACE OSSINING, NY 10562	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing 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 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 608, Florida Statutes.

SIGNATURE: Anne BD Reid ANNE BD REID 1-12-05 914-234-7727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #