

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000043264			
1. Entity Name 22 VIA DE LUNA, LLC			
Principal Place of Business 25 WILLIAMS STREET PITTSFIELD, MA 01201		Mailing Address C/O JOHN ANTHONY 25 WILLIAMS STREET PITTSFIELD, MA 01201	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 57-1206510		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent Tidwell, Michael D. 811 North Spring Street Pensacola, FL 32501		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 		DATE 6/12/08	
Signature, typed or printed name of registered agent and fee if applicable.		NOTE: Registered Agent signature required when resigning.	
FILE MONTHLY FEE IS \$138.75 After May 1, 2008 Fee will be \$638.75		State check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTHONY, CHRISTIAN J 535 DEAN ST APT 317 BROOKLYN, NY 11217 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	34 Copper Beech Road Greenwich, CT 06830 ☒ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLEIN, JASON 223 E 14TH ST, # 6 NEW YORK, NY 10003 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	280 Park Ave South, PHB New York, NY 10003 ☒ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTHONY, MARGARET 25 WILLIAMS STREET PITTSFIELD, MA 01201 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTHONY, JOHN 25 WILLIAMS STREET PITTSFIELD, MA 01201 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing 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 606, Florida Statutes.		05/01/08-90016-043-#138.75	
SIGNATURE  Margaret M. Anthony 4/29/08		413-499-2978	
SIGNATURE AND FILED OR PRINTED NAME OF REGISTERED MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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