

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058175

FILED
Apr 07, 2009
Secretary of State

Entity Name: ADDISON INVESTMENT, L.L.C.

Current Principal Place of Business:

3333 NEW HYDE PARK ROAD
SUITE 100
NEW HYDE PARK, NY 11042

New Principal Place of Business:

3333 NEW HYDE PARK ROAD SUITE 100
NEW HYDE PARK, NY 11042

Current Mailing Address:

3333 NEW HYDE PARK ROAD
SUITE 100
NEW HYDE PARK, NY 11042

New Mailing Address:

3333 NEW HYDE PARK ROAD SUITE 100
NEW HYDE PARK, NY 11042

FEI Number: 20-1650822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ADDISON INVESTMENT M, ANAGER, LLC
Address: 3333 NEW HYDE PARK ROAD SUITE 100
City-St-Zip: NEW HYDE PARK, NY 11042

Title: MGRM () Delete
Name: ADDISON INVESTMENT M, EMBER, LLC
Address: 3333 NEW HYDE PARK ROAD SUITE 100
City-St-Zip: NEW HYDE PARK, NY 11042

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 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: LAURA LOUIS

POA

04/07/2009

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