

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073013

FILED
Feb 04, 2006
Secretary of State

Entity Name: THE WHOLE MISCHPOCHE LLC

Current Principal Place of Business:

2790 OAKBROOK LANE
WESTON, FL 33332 US

New Principal Place of Business:

Current Mailing Address:

2790 OAKBROOK LANE
WESTON, FL 33332 US

New Mailing Address:

FEI Number: 20-1702084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, STEPHEN M
2790 OAKBROOK LANE
WESTON, FL 33332 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: SCHWARTZ, STEPHEN M
Address: 2790 OAKBROOK LANE
City-St-Zip: WESTON, FL 33332 US

Title: MGRM () Delete
Name: COLEMAN, LEONARD B
Address: 155 OAKCREEK ROAD
City-St-Zip: EAST WINDSOR, NJ 08520 US

Title: MGRM () Delete
Name: RIFKIN, HARVEY S
Address: 798 TWIN RIVERS DRIVE NORTH
City-St-Zip: EAST WINDSOR, NJ 08520 US

Title: MGRM () Delete
Name: SCHWARTZ, ROBERT C
Address: 3251 NOTTINGHAM WAY
City-St-Zip: HAMILTON, NJ 08619 US

Title: MGRM () Delete
Name: RIFKIN, ALLISON D
Address: 44 ALBURY WAY
City-St-Zip: NORTH BRUNSWICK, NJ 08902 US

Title: MGRM () Delete
Name: LIPKIN, RANDI S
Address: 22 LAUREN COURT
City-St-Zip: LEVITTOWN, PA 19057 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: RIFKIN, ALLISON D
Address: 37 PARDUN AVENUE
City-St-Zip: MILLTOWN, NJ 08850 US

Title: MGRM (X) Change () Addition
Name: LIPKIN, RANDI S
Address: 31 QUEEN ANNE ROAD
City-St-Zip: LEVITTOWN, PA 19057 US

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN M. SCHWARTZ

MGRM

02/04/2006

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