

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077993

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** PRADO MASSRY GROUP, LLC

**Current Principal Place of Business:**

C/O WHARTON REALTY GROUP, INC.  
8 INDUSTRIAL WAY EAST, 2ND FLOOR  
EATONTOWN, NJ 07724

**New Principal Place of Business:**

**Current Mailing Address:**

C/O WHARTON REALTY GROUP, INC.  
8 INDUSTRIAL WAY EAST, 2ND FLOOR  
EATONTOWN, NJ 07724

**New Mailing Address:**

**FEI Number:** 20-1781357

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: MASSRY, DANIEL  
Address: 8 INDUSTRIAL WAY EAST, 2ND FLOOR  
City-St-Zip: EATONTOWN, NJ 07724

Title: MGRM ( ) Delete  
Name: MASSRY, MARK  
Address: 8 INDUSTRIAL WAY EAST, 2ND FLOOR  
City-St-Zip: EATONTOWN, NJ 07724

**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: DANIEL MASSRY

MGRM

04/30/2009

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