

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085041

FILED
Jul 09, 2007
Secretary of State

Entity Name: PUPPY WATERFRONTS, LLC

Current Principal Place of Business:

PO BOX 55
ALPINE, NJ 07620

New Principal Place of Business:

439 HILLSIDE AVE.
ALPINE, NJ 07620

Current Mailing Address:

PO BOX 55
ALPINE, NJ 07620

New Mailing Address:

439 HILLSIDE AVE
ALPINE, NJ 07620

FEI Number: 20-1919214 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KEDEM, ILAN
730 NW 7TH AVENUE
BOCA RATON, FL 33486 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: ELENOWEIG, EYAL
Address: PO BOX 55
City-St-Zip: ALPINE, NJ 07620

Title: MGRM (X) Delete
Name: FINTSI, RAFAEL
Address: 229 W 109 ST
City-St-Zip: NEW YORK, NY 10025

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FINTSI, RAFAEL
Address: 439 HILLSIDE AVE
City-St-Zip: ALPINE, NJ 07620

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: RAFAEL FINTSI

MGRM

07/09/2007

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