

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000011532

Entity Name: PFEFFCO, LC

FILED
Apr 27, 2008
Secretary of State

Current Principal Place of Business:

630 SNUG HARBOR DRIVE
SUITE 1C
BOYNTON BEACH, FL 33435

Current Mailing Address:

630 SNUG HARBOR DRIVE
SUITE 1C
BOYNTON BEACH, FL 33435

New Principal Place of Business:

630 SNUG HARBOR DRIVE
SUITE 1
BOYNTON BEACH, FL 33435

New Mailing Address:

630 SNUG HARBOR DRIVE
SUITE 1
BOYNTON BEACH, FL 33435

FEI Number: 20-3835750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PFEFFER, JEFFREY H
630 SNUG HARBOR DRIVE
SUITE 1C
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

PFEFFER, JEFFREY H
630 SNUG HARBOR DRIVE
SUITE 1
BOYNTON BEACH, FL 33435 US

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:

04/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PFEFFER, JEFFREY H
Address: 630 SNUG HARBOR DRIVE
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: MGR () Delete
Name: TILDEN, MATTHEW A
Address: 800 BLAIR STREET
City-St-Zip: BOHEMIA, NY 11716 US

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: JEFFREY H. PFEFFER

MGRM

04/27/2008

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