

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034246

Entity Name: 5860 22ND AVE NORTH, LLC

FILED  
Sep 07, 2006  
Secretary of State

**Current Principal Place of Business:**

94 SOUTH FULLERTON AVENUE  
MONTCLAIR, NJ 07042

**New Principal Place of Business:**

94 S FULLERTON AVE  
MONTCLAIR, NJ 07042

**Current Mailing Address:**

94 SOUTH FULLERTON AVENUE  
MONTCLAIR, NJ 07042

**New Mailing Address:**

94 S FULLERTON AVE  
MONTCLAIR, NJ 07042

FEI Number: 52-2458319      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:**

SMALLBIZ AGENTS LLC  
4244 W. TENNESSEE ST. #185  
TALLAHASSEE, FL 32304      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: MGR      ( ) Delete  
Name: BOYLE, EDWARD JAMES  
Address: 94 SOUTH FULLERTON AVENUE  
City-St-Zip: MONTCLAIR, NJ 07042 26

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: BOYLE, EDWARD J  
Address: 94 S FULLERTON AVENUE  
City-St-Zip: MONTCLAIR, NJ 07042 26

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: EDWARD J. BOYLE

MR

09/07/2006

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