2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 14, 2006 8:00 am Secretary of State 08-14-2006 90122 008 ****50.00

Date

DOCU 1. Entity Nam 1203 WIL	10	# L050000364 L.C.	1 17			08-14-2000	90122 008	3(5.00	
Principal Place of Business C/O FRANK ZIMBARO 9 EAST 40 STREET, 8TH FLOOR NEW YORK, NY 10016 US			Mailing Address C/O FRANK ZIMBARO 9 EAST 40 STREET, 8TH FLOOR NEW YORK, NY 10016 US				I PRISI RSII CRIM RTIII FRIA			171 671 1 3 8 1
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		07192006	Chg-LLC	CR2E083 (1	1/05)		
City & State			City & State		4. FEI Numb				olied For Applicable	
Zip	Country		Zíp Coun		ry	5. Certificate of Status Desired S \$5.00 Additional Fee Required				
	6. Name	and Address of Current R	* · · · · * · · · · · · · · · · · · · ·			7. Name and Address of New Registered Agant				
COHENIC	TIIADT A			Name					į	
COHEN, STUART A 1601 NORTH FLAMINGO ROAD PEMBROKE PINES, FL 33028-100			ja -		Street Address (P.O. Box Number is Not Acceptable)					
			•	City Zip Code						
					·			r L		
 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. I am familiar with, and accept the obligations of registered agent. 										
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Filing Fee is \$50.00 Due by September 6, 2006			₹. •			Make check payable to Florida Department of State				
9.	MANAGING MEMBER		S/MANAGERS			ADDITIONS/	CHANGES			
TITLE	MGRM ZIMBARO, FRANK		☐ Delete ·			☐ Change		Addition		
NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		NA STI		T ADDRESS					
CITY-ST-ZIP	NEW YORK, NY 10016				ST-ZIP					
TITLE	MGR		☐ Delete					□ C	hange	☐ Addition
NAME CTOCCT +DDOCCC	ZIMBARO, ALDO 9 EAST 40 STREET, 8TH FLOOR		N							
STREET ADDRESS CITY-ST-ZIP		0 STREET, 8TH FLOOR RK, NY 10016			T ADDRESS ST-ZIP					
TITLE	MGR		☐ Delete	TITLE					hange	☐ Addition
NAME	ZIMBARO, LOUIS							_	•	_
STREET ADDRESS	1	0 STREET, 8TH FLOOR			T ADDRESS					
CITY-ST-ZIP	NEW YORK, NY 10016				ST-ZIP				hanna	☐ Addition
TITLE NAME	İ		☐ Delete	TITLE NAME					nanye	☐ Addition
STREET ADDRESS				STREE	T ADDRESS					
CITY-ST-ZIP				CITY-	ST-ZIP					
TITLE			☐ Delete TITU					□ c	hange	Addition
NAME STREET ADDRESS	22		NAM! STRE		T ADDRESS					
CITY-ST-ZIP					STAZIPA					
TITLE		B-44	☐ Delete	TITLE	9			□ c	hange	Addition
NAME	1		NAA.							
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS ATY-ST-ZIP		<u> </u>		ET ADDRESS ST-ZIP					
	Certify that th	e information supplied with t	his filing does not qualify for			in Chanter 110	Florida Statutes 1 fi	irther certify that t	he info	mation
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE