

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000036791

1. Entity Name
ANYNUM, LLC



Principal Place of Business

350 FIFTH AVENUE
SUITE 5008
NEW YORK, NY 10118

Mailing Address

350 FIFTH AVENUE
SUITE 5008
NEW YORK, NY 10118



01162007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2840351

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

POPKIN, MICHAEL
10 FAIRWAY DRIVE
SUITE 302
DEERFIELD BEACH, FL 33441

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IN THIS SPACE**

8. 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 May 1, 2007**

U00000724394
05/02/07-80110-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CAPASSO, ANTHONY
STREET ADDRESS	350 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10118
TITLE	MGRM
NAME	LEDERMAN, WAYNE
STREET ADDRESS	300 E 56TH STREET APT 27J
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

4/16/07 (212) 736-4574