

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Sep 13, 2006 8:00 am
Secretary of State

08-23-2006 90010 011 ****50.00

DOCUMENT # L05000041666		
1. Entity Name ANYP, 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
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30013268



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07102006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2839879	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
POPKIN, MICHAEL 10 FAIRWAY DRIVE SUITE 302 DEERFIELD BEACH, FL 33441		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when non-stating) DATE _____

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to: Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAPASSO, ANTHONY 191 HUNGERFORD ROAD BRIARCLIFF MANOR, NY 10510 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEDERMAN, WAYNE 300 E 56TH STREET APT 27J NEW YORK, NY 10022 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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: 	Date: 8/16/06	Daytime Phone #: (202) 736-4574
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