

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043964

FILED
Jul 05, 2007
Secretary of State

Entity Name: PATRICK MANAGEMENT, LLC

Current Principal Place of Business:

2495 US HIGHWAY ONE
LAWRENCEVILLE, NJ 08648

New Principal Place of Business:

Current Mailing Address:

2495 US HIGHWAY ONE
LAWRENCEVILLE, NJ 08648

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

Name and Address of New Registered Agent:

ARONOVITZ, ALFRED
11151 SW 93RD AVE
MIAMI, FL 331763636 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PLAPINGER, SCOTT
Address: 2495 US HIGHWAY ONE
City-St-Zip: LAWRENCEVILLE, NJ 08648

Title: MGRM () Delete
Name: PLAPINGER, BRUCE
Address: 560 PEOPLES PLAZA, PMB 142
City-St-Zip: NEWARK, DE 19702

Title: MGRM () Delete
Name: PLATT, LAWRENCE
Address: 265 FREEMAN PKWY
City-St-Zip: PROVIDENCE, RI 02906

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SCOTT PLAPINGER

MGRM

07/05/2007

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