2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

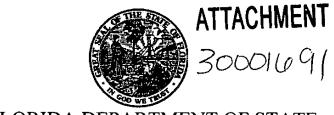
FILED Mar 06, 2006 8:00 am Secretary of State

DOCU 1. Entity Nerr 5541 PIL		4854				02-13-200	06 90191 017 *	***50.00	
Principal Place of Business C/O JEFF LAMB 165 DUANE STREET		Mailing Address C/O IEFF LAMB 165 DUANE STREET			JUU02				
APT. 8D NEW YORK, NY 10013 US		APT. 80 New York, NY 10013 US		4 (88) (89)	. 2018) 868 28111 28111 2811		1968) to man		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #. etc.		Suite, Apt. #, etc.		01242006	Chg-LLC	CR2E083 (11/05)		
City & State		City & State		4. FEI Number 20-4			pplied For tot Applicable		
Zlp	Country	Zip	Coun	try		of Status Desired	□ \$5.00 Ac Fee Requir		
	6. Name and Address of Curren	t Ragistered Agent		Nama	7. Name and	Address of New R	tegistered Agent		
CORPORA	ATION SERVICE COMPANY			Name					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			Street Address		ess (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
				City			FL Zip Co	de	
8. The above	named entity submits this statement (for the purpose of changing it	s recister	ed office or red	gistered agent, or bo	th, in the State of Flo	orlda. I am familiar with	, and accept	
the obligat	ions of registered appent.								
the obligat	cions of registered agent.					, ·			
the obligat	ions of registered agent. Signature, typed or printed name of registered agent				aquaned when remotatings	· · · ·	DATE		
SIGNATURE	cions of registered agent.						DATE check payable to Department of Sta	te `	
SIGNATURE	Signature tiped or primo name of registered age String Fee Is \$80.00 ue by May 1, 2006 MANAGING MEMB	nt and title if applicable (NO					e check payable to Department of Sta	te `	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Stabites. 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 certify 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.

TOFF LONB

212-778-2510



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2006

5541 PILOTS LLC C/O JEFF LAMB 165 DUANE STREET APT. 8D NEW YORK, NY 10013 US

Subject: 5541 PILOTS LLC

Reference Number:

L05000054854

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ ANNUAL REPORTS SECTION