2	008 LIMITED LIA ANNUA	ABILITY COMPA	NY	FILED Mar 10, 2008 08:0
I, Entity Narr	MENT # L0500006	2501		Secretary of St
40 MARSHSI	ice of Business IDE DRIVE IORT, MA 02675	Mailing Address 40 MARSHSIDE DRIVE YARMOUTHPORT, MA 02675		
DO NOT WRITE IN THIS SPACE			CE	1 1
3080 TAM	6. Name and Address of Curren COLLINS & VERNON, PL IAMI TRAIL EAST FL 34112	t Registered Agent		DO NOT WRITE IN THIS SPACE
the obliga	tions of registered agent.			ed agent, or both, in the State of Floride. I am familiar with, and accept
ihe obliga SIGNATURE FILI After Ma	Signature, typed or privied name of registered age E NOW!!! FEE 18 \$138.75 y 1, 2008 Fee will be \$538.	N end ute d'applicable (NOTE: Register 15	ed attice of register	
The obligation of the obligati	Signature, typed or privied name of registered age E NOW!!! FEE 18 \$138.75 y 1, 2008 Fee will be \$538. MANAGING MEM MGR LAROCCA, PETER P	N and Lite 4 applicable (NOTE: Register 5 SERS/MANAGERS		when reinstaling) DATE
The obliga SIGNATURE. FILL After May 9. DTLF NAME STREET ADDRESS CITY-ST-ZIP TTLF NAME STREET ADDRESS CITY-ST-ZIP TTLF NAME	Signature, typed or profed name of registered age E NOW!!! FEE 18 \$138.75 y 1, 2008 Fee will be \$538. MANAGING MEM MGR LAROCCA, PETER P 40 MARSHSIDE DRIVE	N and Lite 4 applicable (NOTE: Register 5 SERS/MANAGERS		when reintaliding) DATE U00000853992 03./26./08-80091-004 138.75
Ihe obliga SIGNATURE. FILI	Signature, typed or profed name of registered age E NOW!!! FEE 18 \$138.75 y 1, 2008 Fee will be \$538. MANAGING MEM MGR LAROCCA, PETER P 40 MARSHSIDE DRIVE	N and Lite 4 applicable (NOTE: Register 5 SERS/MANAGERS		when reinstaling) DATE
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The obligation of the obligati	Signature, typed or profet name of registered age E NOWILL FEE 18 \$138.75 Y 1, 2008 Fee will be \$538. MANAGING MEM MGR LAROCCA, PETER P 40 MARSHSIDE DRIVE YARMOUTHPORT, MA 02675 Certify that the information supplied on this report is true and accurate	V and use if applicable (NOTE: Register /S 3ERS/MANAGERS with this filling does not qualify for the end that my signature shall have the as lice empowered to execute this report	ed Agent signature require	ATE U00000853992 03/25/09-80091-004 138. 5 DO NOT WRITE IN THIS SPACE

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