FILED May 20, 2008 8:00 am Secretary of State

| 2 000 | LIMITED LIADILITY COMPA | IF |
|--------------|-------------------------|----|
| | ANNUAL REPORT | |
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| | ANNOAL | KLFOKI | | | | | ary or St | aic |
|-------------------------------|---|--|----------------|--|---------------------|---|---|--------------|
| 1. Entity Nam | MENT #L05000076 ETERPRISES, LLC | 859 | | | | 05-20-2008 | 3 90054 038 ***14 | 13.75 |
| Principal Plac | e of Business | Mailing Address | | | 1 | | | |
| AGBL ENTERPRISES,LLC | | AGBL ENTERPRISES,LLC | | 60042311 | | | | |
| 21 CILVERST ZI SAVER ST | | 21 CILVERSI ZI SILVER ST | | 00018022 | | | | |
| WEST BABYL | ON, NY 11704 US | WEST BABYLON, NY | 11704 | US . | 1 PER HIRTH R 11 A | IZIDI DIIII DZIII CDIN GDI | n Bein Ielia anglepin anis ini | Bel miller |
| A B1 (1.1) | 10 10 00 Do # | T & \$4-90 \$44 | | | | | | |
| · | lace of Business - No P.O. Box # | 3. Mailing Address | | · | | | | LB |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 05142008 | Chg-LLC | CR2E083 (12/06) | | |
| City & State | | City & State | | 4. FEI Number | LEOR 20-4 | 1982718 No | plied For t Applicable | |
| Zip | Country | Zip | Count | ry | | of Status Desired | \$5.00 Add Fee Required | itional 1 |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name and | Address of New R | egistered Agent | |
| 000000 | ATION DEDVICE COMPANY | | | Name | | | | |
| 1201 HAY | ATION SERVICE COMPANY S STREET SSEE, FL 32301 | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| ., | | | | | | | □ I Zip Code | <u> </u> |
| | | | | City | | | FL Zip Code | , |
| | named entity submits this statement for ions of registered agent. | r the purpose of changing it | s registere | ed office or register | red agent, or both | n, in the State of Flo | orida. I am familiar with, | and accept |
| SIGNATURE . | | | | | | | | |
| | Signature, typed or printed name of registered agent | and title if applicable. (NO | TE: Registered | 1 Agent signature required | d when reinstating) | | DATE | |
| | E NOW!!! FEE IS \$138.75 by September 12, 2008 | In accordance with liability company d | | | | | e check payable to a Department of State | • |
| 9. | MANAGING MEMBE | RS/MANAGERS | 10. | | | ADDITIONS | /CHANGES | |
| TITLE | MGRM | Delete | TITLE | : | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ☐ Change | Addition |
| NAME | YANG, CONNIE | □ Delete | NAME | | | | | |
| STREET ADDRESS | 21 SILVER ST | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | WEST BABYLON, NY 11704 | | | -ST-ZIP | | | | |
| TITLE | MGRM | ☐ Delete | TITLE | | | | ☐ Change | ☐ Addition |
| NAME | ROMEO, FRANK | L Delete | NAMI | | | | Orange | |
| STREET ADORESS | 21 SILVER ST | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | WEST BABYLON, NY 11704 | | | -ST-ZIP | | | | |
| | WEST BABTEST, IVI 11104 | [] n-1-1- | TITLE | | | | ☐ Change | Addition |
| TITLE | | ☐ Delete | NAMI | 1 | | | ☐ Criange | ☐ ∧ooition |
| NAME STREET ADDRESS | | | | ET AODRESS | | | | |
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| ··· | | | | | | | | |
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| NAME | ! | | NAM | l l | | | | |
| STREET ADDRESS | | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | | -ST-ZIP | | | | |
| 11. I hereby | certify that the information supplied wit fon this report is true and accurate and | n this filing does not qualify to | for the exe | mptions contained | in Chapter 119, | Florida Statutes. I f | urther certify that the info | rmation |
| limited lia | on this report is true and accurate and ability company or the receiver or truste | e empowered to execute thi | is report as | s required by Chap | oter 608, Florida,5 | Statutes. | | |
| | // | . // | | | <i> - </i> | 11/00 | (631)669- | |
| SIGNAT | TURE: John | e Jany | | | <i>シ</i> / | 14/00 | 631)667- | -2326 |

5/14/08 60043311
To: Division of Corporations From: Connie Yang Re: Error in Mailing Address (Box1) for: AGBL Enterprises, LLC Document#L05000076859 The Correct Mailing Address is: Please (AGBL Enterprises, LLC Note) 21 Silver Street West Babylon, NY 11704

Thank You.