## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **FILED** Jul 30, 2007 8:00 am Secretary of State 07-30-2007 90028 027 \*\*\*\*50.00

Daytime Phone #

1. Entity Name	MENT # L05000079 MANAGEMENT, L.L.C.		07-30-2007 90028 027 ****50.00						
Principal Place	e of Business	Mailing Address	<del></del>		†				
	OASTAL DRIVE EACH, FL 33487 US	4316 INTERCOASTAL DRIVE HIGHLAND BEACH, FL 33487 US							
A Drington (D)	ace of Business - No P.O. Box #	3. Mailing Address							
Z. mncipaire	ace of business - No F.O. bux #	130 Route 22 East					) <b>111</b> 11   <b>1111</b> 1   <b>11</b> 1		
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 203			07102007	Chg-LLC	CR2E08	33 (12/06)	
City & State	3	City & State North Plainfield, NJ			4. FEI Numbe		<del></del>	<del>,</del>	plied For
Zip	Country	Zip Count		try 5 Certificate		of Status Desired 55.00 Addition			t Applicable
<del></del>		07060	So	merset				ee Require	
	6. Name and Address of Current I	7. Name and Address of New Registered Agent Name							
PAOLELLA 4316 INTR	A, JUDITH ACOASTAL DRIVE	Street Address			P.O. Box Number is Not Acceptable)				
	) BEACH, FL 33487								
l				City			FL	Zip Code	<del></del>
8 The above	named entity submits this statement for	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept							
	ons of registered agent.	the purpose of changing its	register	ed office of register	red agent, or bor	n, in the state of the	niua. Tanin	227781621 *********	a id alcept
SIGNATURE.	Signature, typed or printed name of registered agent a	IOO Marke department of the bound of the design of the bound of the bo	F. Bonetore	ed Agent signature require	d when renetation)		DATE		
		(10.00							
Fil Que t	ing Fee is \$50.00 by September 14, 2007						e check pa Departme		9
9.	MANAGING MEMBE		10.			ADDITIONS/	CHANGES		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAOLELLA, JUDITH 4316 INTERCOASTAL DRIVE HIGHLAND BEACH, FL 33487	☐ Delete						☐ Change	☐ Addition
TITLE		☐ Delete	īm	E				☐ Change	Addition
NAME STREET ADDRESS			NAN STR	HE EET ADDRESS					
CITY-ST-ZIP				/-ST-ZIP					
TITLE NAME		☐ Delete	TITL					☐ Change	Addition
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STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP		☐ Delete	EII	r-st-zip	····	**		Change	Addition
NAME		∟i Delete	NAA	- 1				□ ouende	F"] HOOKIDII
STREET ADDRESS			•	EET ADDRESS					
CITY-ST-ZIP	ertify that the information supplied with	this filling does not qualify to		Y-ST-ZIP	Lin Chanter 119	Florida Statutes 1 fi	urther certify	that the info	rmation
indicated	perity that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have empowered to execute this	the sam report a	e legal effect as it r	made under oath oter 608, Florida S	; that I am a manaç Statutes.	ging membe	r or manage	er of the