

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083792

Entity Name: 2144 SMOAKS STREET, LLC

**FILED**  
**Feb 01, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

15 NATURE VIEW DRIVE  
UXBRIDGE, MA 01569

**New Principal Place of Business:**

42 PROGRESS STREET  
HOPEDALE, MA 01747

**Current Mailing Address:**

15 NATURE VIEW DRIVE  
UXBRIDGE, MA 01569

**New Mailing Address:**

42 PROGRESS STREET  
HOPEDALE, MA 01747

FEI Number: 20-3355169

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEVINE, LAWRENCE A P.A.  
790 EAST BROWARD BLVD.  
SUITE 302  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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: BORDONI, KATHLEEN J  
Address: 15 NATURE VIEW DRIVE  
City-St-Zip: UXBRIDGE, MA 01569 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BORDONI, KATHLEEN J  
Address: 42 PROGRESS STREET  
City-St-Zip: HOPEDALE, MA 01747 US

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHLEEN J. BORDONI

MGRM

02/01/2007

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