

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000087622



1. Entity Name
 NE 24, LLC

| | |
|--|--|
| Principal Place of Business 528 BURGUNDY K DELRAY BEACH, FL 33484 US | Mailing Address 528 BURGUNDY K DELRAY BEACH, FL 33484 US |
|--|--|



01102007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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|-----------------------------|-------------------------------|
| 4. FEI Number 20-3419365 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MIRVIS, MARK
 528 BURGUNDY K
 DELRAY BEACH, FL 33484

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00
Due by May 1, 2007

U00000587456
 01/17/07-80033-009 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M MIRVIS, MARK 289 BAYBERRY DRIVE HEWLETT, NY 11557 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M LUPOLOVER, MARK 248 NAVESINK COURT HOLMDEL, NJ 07733 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M ZHURAVSKY, IGOR 806 TURQUOISE TRAIL MORGANVILLE, NJ 07733 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BEZENYAN, MICHAEL 17 WHISTLER WAY MARLBORO, NJ 07746 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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 Statutes. 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 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: *M Mirvis* *1/09/07 718 891 4600*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #