Mar 29 06 10:33a Robert Bader (914

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90037 042 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000093180

1. Entity Name

ROBERT BADER ASSOCIATES, LLC

Principal Place of Business

7885 MONTECITO PLACE
DELRAY BEACH FL 33446

Mailing Address

7885 MONTECITO PLACE
DELRAY BEACH FL 33446

1st MOORE CR2E083 (10/05)

2. Principal Place of Business		3. Mailing Address	
3023 NW 60th Street		10 Old Jackson Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #66	
City & State: Ft. Lauderdale, FL		City & State: Hastings on Hudson NY	
Zip: 33309	Country	Zip: 10706-3237	Country

4. FEI Number: 20-3507145 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BADER, ROBERT A 7885 MONTECITO PLACE DELRAY BEACH FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Bader, Robert A. 10 Old Jackson Ave, #66	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Hastings On Hudson, NY 10706-3237	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Robert A Bader, Mgr. [signature] 4/3/06 (914)478-3039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #