

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093552

FILED
Apr 03, 2009
Secretary of State

Entity Name: 16TH DRIVE ASSOCIATES, LLC

Current Principal Place of Business:

ZORCO
SUITE 201
PARSIPPANY, NJ 07054

New Principal Place of Business:

NOEL BUTERBAUGH
11518 OLD ANNAPOLIS RD.
FREDERICK, MD 21701

Current Mailing Address:

3799 RT 46
SUITE 201
PARSIPPANY, NJ 07054

New Mailing Address:

NOEL BUTERBAUGH
11518 OLD ANNAPOLIS RD.
FREDERICK, MD 21701

FEI Number: 20-3523342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTERBAUGH, NOEL
570 CHIPPING LANE
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

BUTERBAUGH, NOEL L
11518 OLD ANNAPOLIS RD.
FREDERICK, MD., FL 21701 US

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: NOEL L BUTERBAUGH

04/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BUTERBAUGH, NOEL
Address: 570 CHIPPING LANE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: MGR (X) Delete
Name: ZORLAS, JAMES
Address: 3799 RT 46
City-St-Zip: PARSEPPANY, NJ 07054

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BUTERBAUGH, NOEL
Address: 570 CHIPPING LANE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NOEL L. BUTERBAUGH

MGR

04/03/2009

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