

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095839

FILED
Jun 26, 2008
Secretary of State

Entity Name: ROYAL VILLAGE VENTURES LLC

Current Principal Place of Business:

189-11 JAMAICA AVE
HOLLIS, NY 11423

New Principal Place of Business:

39 E. 30 STREET
3
NEW YORK, NY 10016

Current Mailing Address:

189-11 JAMAICA AVENUE
HOLLIS, NY 11423

New Mailing Address:

39 E. 30 STREET
3
NEW YORK, NY 10016

FEI Number: 20-3547781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BSPA CORPORATE SERVICES, INC
350 E LAS OLAS BLVD
STE 1000
FT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

WELLS, THOMAS
540 BILTMORE WAY
CORAL GABLES, FL 33134 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: THOMAS WELLS

06/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COHEN, YEHUDAH
Address: 189-11 JAMAICA AVE
City-St-Zip: HOLLIS, NY 11423

Title: MGRM () Delete
Name: COHEN, YOSI
Address: 189-11 JAMAICA AVE
City-St-Zip: HOLLIS, NY 11423

ADDITIONS/CHANGES:

Title: MGMR (X) Change () Addition
Name: COHEN, YOSI
Address: 39 E 30 STREET #3
City-St-Zip: NEW YORK, NY 10016

Title: MGMR (X) Change () Addition
Name: COHEN, YEHUDA
Address: 39 E 30 STREET #3
City-St-Zip: NEW YORK, NY 10016

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: YOSI COHEN

MGMR

06/26/2008

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