

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000110316

Entity Name: PLUTO 2-2005, LLC

FILED  
Jan 25, 2008  
Secretary of State

**Current Principal Place of Business:**

550 NORTH MAIN STREET  
SOUTHINGTON, CT 06489

**New Principal Place of Business:**

**Current Mailing Address:**

550 NORTH MAIN STREET  
SOUTHINGTON, CT 06489

**New Mailing Address:**

FEI Number: 26-0858608

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ROSOW, DEAN  
800 OCEAN DRIVE APT 21  
MIAMI BEACH, FL 33139 US

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

ROSOW, DEAN  
800 OCEAN DRIVE  
APT 21  
MIAMI BEACH, FL 33139 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:

01/25/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: ROSOW, DEAN  
Address: 800 OCEAN DRIVE APT. 21  
City-St-Zip: MIAMI BEACH, FL 33139

Title: SECR ( ) Delete  
Name: CARDONE, PAMELA  
Address: 18 SAWMILL ROAD  
City-St-Zip: BURLINGTON, CT 06013

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DEAN ROSOW, TRUSTEE, OF THE DEAN  
Address: 800 OCEAN DRIVE APT. 21  
City-St-Zip: MIAMI BEACH, FL 33139

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: PAMELA CARDONE

SECR

01/25/2008

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