

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115535

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: FABER MIA LLC

**Current Principal Place of Business:**

550 MEADOWLANDS PARKWAY  
SECAUCUS, NJ 07094 US

**New Principal Place of Business:**

**Current Mailing Address:**

550 MEADOWLANDS PARKWAY  
SECAUCUS, NJ 07094 US

**New Mailing Address:**

FEI Number: 13-1940139

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P&S ( ) Delete  
Name: FINKELSTEIN, CHARLES D P&S  
Address: 550 MEADOWLANDS PARKWAY  
City-St-Zip: SECAUCUS, NJ 07094 US

Title: CFO ( ) Delete  
Name: FRIEDMAN, BURTON I CFO  
Address: 403 BREAKERS LANE  
City-St-Zip: SOMERSET, NJ 08873 US

Title: CONT ( ) Delete  
Name: FRONZAK, RONALD S CONTROL  
Address: 21 KATHRYN ST  
City-St-Zip: CLARK, NJ 07066 US

**ADDITIONS/CHANGES:**

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

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

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: RONALD FRONZAK

CONT

04/29/2008

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