## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## FILED Feb 01, 2007 08:00 AM DOCUMENT # L05000123677 **Secretary of State** OCCUM ASSOCIATES LLC Principal Place of Business -Mailing Address % ROBERT L. CALLENDER 201 SOMERSET AVENUE SOUTHHAMPTON NY 11968 % ROBERT L. CALLENDER 201 SOMERSET AVENUE SOUTHHAMPTON NY 11968 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & Stato City & Stato 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Ζıρ Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo HAGOORT, NICHOLAS H JR. Street Address (P.O. Box Number is Not Acceptable) 1901 S. CONGRESS AVENUE, STE. 360 **BOYNTON BEACH FL 33426** City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES mir **MGRM** Delete DHE ☐ Change ☐ Addition U00000614910 NAME NAME CALLENDER, ROBERT L 02/06/07-80050-012 50.00 STREET ADDRESS STREET ADDRESS 201 SOMERSET AVENUE CITY-ST-ZIP CHTY-ST-ZIP SOUTHHAMPTON NY 11968 ☐ Delete HILL. MGRM TITLE Change Addition NAME NAME CALLENDER, CATHY S STREET ADDRESS STREET ADDRESS 785 PARK AVENUE, APT, 16B CITY-ST-ZIP NEW YORK NY 10121 CITY-ST-ZIP mu ☐ Delete Change Addition MGRM NAME NAME L'OIVAN, DAVID J STREET ADDRESS STREET ADDRESS P.O. BOX 402 CITY-S1-ZIP CITY-ST-7IP BRADFORD NH 03221 TITLE ☐ Delete □ Change Addition MGRM DIDE NAME DONOVAN, CYNTHIA NAME STREET ADDRESS STREET ADDRESS P.O. BOX 402 CITY-ST-ZIP CITY-ST-ZIP BRADFORD NJ 03221 MGRM ☐ Delete ☐ Change Addition FLEMING, RICHARD NAME 500 OCEAN STREET, UNIT 140 STREET ADDRESS STREET ADDRESS HYANNIS MA 02601-4771 CiTY-SI-ZIP CITY - ST - 7IP TITLE Delete Addition IIILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP

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.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

129/07 Date

Daytime Phone #