

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007480

Entity Name: 301 & MISSOURI, LLC

FILED
Jan 06, 2007
Secretary of State

Current Principal Place of Business:

95 SEAMAN AVENUE
ROCKVILLE CENTRE, NY 11570

New Principal Place of Business:

95 SEAMAN AVENUE
ROCKVILLE CENTRE, NY 11570 US

Current Mailing Address:

95 SEAMAN AVENUE
ROCKVILLE CENTRE, NY 11570

New Mailing Address:

95 SEAMAN AVENUE
ROCKVILLE CENTRE, NY 11570 US

FEI Number: 20-4194646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLODIG, GREGORY J
100 W. CYPRESS CREEK ROAD, SUITE 700
FORT LAUDERDALE, FL 33309 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: MGR () Delete
Name: EZRA, JOEL S
Address: 265 HEMPSTEAD TURNPIKE
City-St-Zip: ELMONT, NY 110031540

Title: MGR () Delete
Name: HOWE, DAVID
Address: 265 HEMPSTEAD TURNPIKE
City-St-Zip: ELMONT, NY 110031540

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EZRA, JOEL S
Address: 95 SEAMAN AVENUE
City-St-Zip: ROCKVILLE CENTRE, NY 11570 US

Title: MGR (X) Change () Addition
Name: HOWE, DAVID
Address: 31 HICKORY HILL ROAD
City-St-Zip: TAPPAN, NY 10983 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JOEL S EZRA

MGR

01/06/2007

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