

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011592

Entity Name: 631 BRIAR WAY LANE LLC

FILED
May 03, 2010
Secretary of State

Current Principal Place of Business:

1097 FLORA PARKE DRIVE
JACKSONVILLE, FL 32259 US

New Principal Place of Business:

Current Mailing Address:

380 S WASHINGTON AVENUE
BERGENFIELD, NJ 07621 US

New Mailing Address:

FEI Number: 20-4243089 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STA MARIA, FERNANDO
1097 FLORA PARKE DRIVE
JACKSONVILLE, FL 32259 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: STA MARIA, FERNANDO
Address: 1097 FLORA PARKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM
Name: ENRIQUEZ, EDUARDO
Address: 21845 ONTUR
City-St-Zip: MISSION VIEJO, CA 92692

Title: MGRM
Name: ENRIQUEZ, JESUS
Address: 9241 RAMONA STREET
City-St-Zip: BELLFLOWER, CA 90706

Title: MGRM
Name: ENRIQUEZ, LORENZO
Address: 9241 RAMONA STREET
City-St-Zip: BELLFLOWER, CA 90706

Title: MGRM
Name: ESTRELLA, SOL
Address: 21175 CRANBRIDGE DR
City-St-Zip: LAKE FOREST, CA 92630

Title: MGRM
Name: TAPALES, JOSEPHINE
Address: 11726 WALCROFT STREET
City-St-Zip: LAKEWOOD, CA 90715

I hereby 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: FERNANDO STA MARIA

MGR

05/03/2010

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