# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/16/2007-90171-023-$50.00-$50.00

DOCUMENT # L06000018367

1. Entity Name
BUNNELL ASSOCIATES LLC

07 SEP 20 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 1440 N NOVA RD<br>SUITE 305<br>HOLLY HILL, FL 32117 US | 1440 N NOVA RD<br>SUITE 305<br>HOLLY HILL, FL 32117 US |

04272007 Chg-LLC CR2E083 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. 20-4340119 - ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| WEBER, ALFRED R JR<br>1440 N NOVA RD<br>SUITE 305<br>HOLLY HILL, FL 32117 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2007**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>WEBER, ALFRED R JR<br>1440 N NOVA RD SUITE 305<br>HOLLY HILL, FL 32117 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>MARIN, JOHN<br>1440 N NOVA RD SUITE 305<br>HOLLY HILL, FL 32117 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>FEIN, HOWARD<br>99 WOODBURY RD<br>HICKSVILLE, NY 11801 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>BERNSTEIN, BRUCE<br>99 WOODBURY RD<br>HICKSVILLE, NY 11801 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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.

**SIGNATURE:** Alfred Weber 4-30-07 386 255 0889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #