2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034399

Current Principal Place of Business:

Entity Name: SS&P, LLC

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address: City-St-Zip:

Address:

City-St-Zip:

SOISTMANN, JENNIFER K

EGG HARBOR TOWNSHIP, NJ 08234

() Delete

SOUTH EGG HARBOR, NJ 08215

() Delete

SOUTH EGG HARBOR, NJ 08215

118 RUBY DRIVE

PAUGH, C. PETER

PAUGH, KAREN E

1121 ALOE STREET

1121 ALOE STREET

MGRM

MGRM

FILED Apr 19, 2007 Secretary of State

New Principal Place of Business:

	HARDING HI IDING, NJ 08	GHWAY, D-2 330				
Current Mailing Address:			New Mailing Address:			
6200 OLD MAYS LAN	HARDING HI IDING, NJ 08	GHWAY, D-2 3330				
FEI Number: 20-4650749		FEI Number Applied For ()	FEI Number Not Applicable ()		Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
1124 BRYN ORLANDO	R, CLARAMAI N MAWR STF), FL 32804	REET US				
	named entity of Florida.	submits this statement for the	purpose of changing i	ts registere	d office or registered agent, or both,	
SIGNATUR						
Electronic Signature of Registered Age			ent Date			
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	STARK, THOM 8 DOCKSIDE		Title: Name: Address: City-St-Zip:	MGRM STARK, THO 8 DOCKSID EGG HARBO		
Title: Name: Address: City-St-Zip:	STARK, GWÈ 8 DOCKSIDE		Title: Name: Address: City-St-Zip:	8 DOCKSID	(X) Change () Addition /ENDOLYN F /E DRIVE OR TOWNSHIP, NJ 08234	
Title: Name: Address: City-St-Zip:	SOISTMANN, 118 RUBY DR		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	MGRM () Delete	Title:		() Change () Addition	

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.

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

() Change () Addition

() Change () Addition

SIGNATURE: GWENDOLYN STARK MGRM 04/19/2007