2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 15, 2008 8:00 am Secretary of State

Daytime Phone #

1. Entity Nam	MENT # L06000048 OF FLORIDA, LLC	8651		1000	04-15-2008	90109 013	2 ***1 <i>3</i>	08./5
Principal Plac	e of Business	Mailing Address				.		
116 WOLF ROAD ALBANY, NY 12205		116 WOLF ROAD				5000	0331	5
ALBANY, NY	12205	ALBANY, NY 12205		1 (88)(4)(8)				
2. Principal P	Place of Business - No P.O. Box #	3. Vailing Address						
					i 89410 011111 98111 69111 001	ill Bu ll i Bibb i ibiib	MINEL MISTER STE	[E8] (E8)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02212008	Chg-LLC	CR2E083	3 (12/06)	
City & State		City & State		4. FEI Numb	er PPLICABLE		<u> </u>	pplied For at Applicable
Zip	Country	Zip	Country		of Status Desired		5.00 Add	litional
	6. Name and Address of Curren	at Registered Agent	<u> </u>	l	Address of New F	— ге	e Require	d
		it riegistorea Agent	Name	1. 1141110 4111				•
14211 COI	.UELA & MARZANO, P.A. MMERCE WAY, #300 KES, FL 33016		Street Addres	s (P.O. Box Numb	er is Not Acceptable	θ)		
	KEO, 1 E 30010							
			City			FL	Zip Code	е
	named entity submits this statement litions of registered agent.	for the purpose of changing its r	egistered office or regis	stered agent, or bo	oth, in the State of Flo	orida. I am fan	niliar with,	and accept
trie obligat	nous or redistailed adeur.							
CIĜNATURE	, ,							
SIĜNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Agent signature requi	ired when reinstating)		DATE		
FILE			Registered Agent signature requi	iired when reinstating)		DATE te check pay a Departmen		
FILE	Signature: typed or printed name of registered ager	75	Registered Agent signature requi	iired when reinstating)		e check pay a Departmen		
FILE After May 9.	Signature: typed or printed name of registered ager E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.7 MANAGING MEMB	75	10.	aired when reinstating)	Florid	se check pay a Departmen /CHANGES		e Addition
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9. TITLE NAME STREET ADDRESS CITY-S1-ZIP	Signature. typed or printed name of registered ager E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.7 MANAGING MEMB MGRM ERIC KING, JOHN 118 WOLF ROAD	75 BERS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	aired when reinstating)	Florid	ke check pay a Departmen /CHANGES	nt of State	
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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.

STREET ADDRESS

CITY-ST-ZIP

John Ericking (518)458-2118 SIGNATURE: John City Lyn Commission John Eric King SIGNATURE: John Eric King SIGNATURE AND TOPE OF PRINTED NAME OF BIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP