

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
May 30, 2007 8:00 am
Secretary of State

05-30-2007 90081 006 ****50.00

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05232007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000076341					
1. Entity Name JM PAZ LAKELAND, LLC					
Principal Place of Business 9 DAMON MILL SQUARE CONCORD, MA 01742			Mailing Address 9 DAMON MILL SQUARE CONCORD, MA 01742		
2. Principal Place of Business - No P.O. Box # One Floodgate Road Suite, Apt. #, etc.		3. Mailing Address C/O Godwin Pumps Suite, Apt. #, etc. One Floodgate Road			
City & State Bridgeport, NJ 08014		City & State Bridgeport, NJ 08014		4. FEI Number 20 5306840	
Zip 08014	Country USA	Zip 08014	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent REGISTERED AGENTS LEGAL SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324		
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 <u>CT Corporation System</u> <i>John M. Paz</i> <u>5/24/07</u> <small>Signature, typed or printed name of registered agent and the filer (if applicable). (NOTE: Filers must sign and date this statement when relocating)</small>					
Filing Fee is \$50.00 Due by September 14, 2007		Special Assistant Secretary		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TVPX ACQUISITIONS, INC. 9 DAMON MILL SQUARE CONCORD, MA 01742	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sole Member John M. Paz One Floodgate Road Bridgeport, NJ 08014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 60B, Florida Statutes.					
SIGNATURE: <i>John M. Paz</i>			Date <u>5-24-07</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		