


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2008 8:00 am
Secretary of State

07-17-2008 90017 011 ***538.75

DOCUMENT # L07000036238	
--------------------------------	---

Principal Place of Business 99 W. HAWTHORNE VALLEY STREAM, NY 11580	Mailing Address 99 W. HAWTHORNE VALLEY STREAM, NY 11580
---	---

2. Principal Place of Business - No P.O. Box # 99 W Hawthorne Avenue	3. Mailing Address PO Box 460
Suite, Apt. #, etc. Suite 218	Suite, Apt. #, etc.

City & State Valley Stream, NY	City & State Valley Stream, NY
Zip 11580	Country Nassau
Zip 11582	Country Nassau

07072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 06-1812488	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent TEW CARDENAS LLP ATTN: JOHN CATALANO 1441 BRICKELL AVE., 15TH FLOOR MIAMI, FL 33131-3407
--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008	Make check payable to Florida Department of State
--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member <input type="checkbox"/> Delete Daniel Wiener 99 W. Hawthorne Ave, Ste 218 Valley Stream, NY 11580	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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
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
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 608, Florida Statutes.

SIGNATURE:  **July 9, 2008** 516 593-0660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #