

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000041373

FILED  
Apr 18, 2008  
Secretary of State

Entity Name: 292 MULBERRY ROAD, LLC

**Current Principal Place of Business:**

292 MULBERRY ROAD  
ROYAL PALM BEACH, FL 33411

**New Principal Place of Business:**

619 AMBOY AVE  
EDISON, NJ 08837

**Current Mailing Address:**

292 MULBERRY ROAD  
ROYAL PALM BEACH, FL 33411

**New Mailing Address:**

619 AMBOY AVE  
EDISON, NJ 08837

FEI Number: 22-3093901

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

UCC FILING & SEARCH SERVICES, INC.  
1574 VILLAGE SQUARE, SUITE 100  
TALLAHASSEE, FL 32309 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CHAPMAN, NOEL  
Address: 619 AMBOY AVE.  
City-St-Zip: EDISON, NJ 08837

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: LAMPARELLO, SAMUEL P  
Address: 619 AMBOY AVE.  
City-St-Zip: EDISON, NJ 08837 US

Title: VP ( ) Change (X) Addition  
Name: CHAPMAN, NOEL M  
Address: 619 AMBOY AVE  
City-St-Zip: EDISON, NJ 08837 US

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: SAMUEL P. LAMPARELLO

PRES

04/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date