

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90063 016 \*\*\*138.75

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<b>DOCUMENT # L07000061853</b> 1. Entity Name <b>GE MANAGEMENT NEW JERSEY, LLC</b>					
Principal Place of Business <b>515 N. FLAGLER DRIVE, 19TH FL WEST PALM BEACH, FL 33401</b>			Mailing Address <b>515 N. FLAGLER DRIVE, 19TH FL WEST PALM BEACH, FL 33401</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01042008    Chg-LLC    CR2E083 (12/06)	
4. FEI Number <b>26-0714153</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CASEY, PATRICK J 515 N. FLAGLER DRIVE, 19TH FL WEST PALM BEACH, FL 33401</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASEY, PATRICK J 515 N. FLAGLER DRIVE, 19TH FL WEST PALM BEACH, FL 33401			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR Stephen J. Cournoyer 10813 Egret Pointe Lane West Palm Beach, FL 33412				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
(Empty rows for additional members/changes with Delete/Addition checkboxes)					
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.					
<b>SIGNATURE:</b>				Date <b>1/21/07</b> Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					