

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112741

Entity Name: SOBEL MONTVAIL, LLC

FILED  
Apr 24, 2009  
Secretary of State

**Current Principal Place of Business:**

225 MILLBURN AVE., SUITE 202  
MILLBURN, NJ 07041

**New Principal Place of Business:**

**Current Mailing Address:**

225 MILLBURN AVE., SUITE 202  
MILLBURN, NJ 07041

**New Mailing Address:**

FEI Number: 26-1545113

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: SOBEL, JONATHAN  
Address: 40 DORISON DRIVE  
City-St-Zip: SHORT HILLS, NJ 07078

Title: MGR ( ) Delete  
Name: KAPLAN, JULIE S  
Address: 6 CURREY LANE  
City-St-Zip: WEST ORANGE, NJ 07052

Title: MGR ( ) Delete  
Name: SOBEL, SCOTT  
Address: 95 EMERALD HILL ROAD  
City-St-Zip: SINGAPORE, XX

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JONATHAN SOBEL

MGR

04/24/2009

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