

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000060147

Entity Name: FACTOFILE GROUP LLC

FILED  
Jan 23, 2009  
Secretary of State

## Current Principal Place of Business:

200 MEADOWLARK CT.  
MARCO ISLAND, FL 34145 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 28  
SPRING LAKE, NJ 07762

## New Mailing Address:

200 MEADOWLARK CT.  
MARCO ISLAND, FL 34145 US

FEI Number: 26-2827371

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CALHOUN, DOUGLAS M  
200 MEADOWLARK CT.  
MARCO ISLAND, FL 34145 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: HASSINE, SAMUEL  
Address: 1068 OCEAN AVENUE  
City-St-Zip: ELBERON, NJ 07740 US

Title: MGR ( ) Delete  
Name: STONE, MICHAEL  
Address: 20 GLENVIEW DR.  
City-St-Zip: WARREN, NJ 07059 US

Title: MGR ( ) Delete  
Name: GREBLER, ARNOLD  
Address: 1 WOODS RD.  
City-St-Zip: WEST LONG BRANCH, NJ 07764 US

Title: MGR ( ) Delete  
Name: CALHOUN GROUP LLC,  
Address: 200 MEADOWLARK CT.  
City-St-Zip: MARCO ISLAND, FL 34145 US

## 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:

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: DOUGLAS M. CALHOUN

MGR

01/23/2009

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