

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000075070

**FILED**  
**Jan 18, 2010**  
**Secretary of State**

**Entity Name:** AZ2 CONVENTION SERVICES LLC

**Current Principal Place of Business:**

73 SHADOW CREEK WAY  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

1 SLATER DRIVE  
ELIZABETH, NJ 07206

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

BARTLEY, TOM  
73 SHADOW CREEK WAY  
ORMOND BEACH, FL 32174      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: MGRM  
Name: BARTLEY, TOM  
Address: 1 SLATER DRIVE  
City-St-Zip: ELIZABETH, NJ 07206

Title: MGRM  
Name: PATTERSON, JEFF  
Address: 1 SLATER DRIVE  
City-St-Zip: ELIZABETH, NJ 07206

Title: MGRM  
Name: BARBARUOLO, PERRY  
Address: 1 SLATER DRIVE  
City-St-Zip: ELIZABETH, NJ 07206

Title: MGRM  
Name: BARBARUOLO, CARL  
Address: 1 SLATER DRIVE  
City-St-Zip: ELIZABETH, NJ 07206

Title: MGRM  
Name: RUANE, BRIAN  
Address: 1 SLATER DRIVE  
City-St-Zip: ELIZABETH, NJ 07206

Title: MGRM  
Name: ROB, HUMES  
Address: 1 SLATER DRIVE  
City-St-Zip: ELIZABETH, NJ 07206

I hereby 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: TOM BARTLEY

MBR

01/18/2010

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