

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000095172

FILED  
May 01, 2009  
Secretary of State

Entity Name: LYNX ASSET SERVICES, LLC

## Current Principal Place of Business:

110 FIELDCREST AVENUE  
C/O CASTLE FINANCIAL MANAGEMENT, LLC  
EDISON, NJ 08837 US

## New Principal Place of Business:

2255 GLADES ROAD  
SUITE 324A, ATTN: MASCHLER  
BOCA RATON, FL 33431 US

## Current Mailing Address:

110 FIELDCREST AVENUE  
C/O CASTLE FINANCIAL MANAGEMENT, LLC  
EDISON, NJ 08837 US

## New Mailing Address:

2255 GLADES ROAD  
SUITE 324A, ATTN: MASCHLER  
BOCA RATON, FL 33431 US

FEI Number: 80-0285629      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

MASCHLER, MATTHEW H ESQ.  
2255 GLADES ROAD  
SUITE 324A  
BOCA RATON, FL 33496 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: LYNX INVESTORS, LLC  
Address: 110 FIELDCREST AVENUE ATTN: MASCHLER  
City-St-Zip: EDISON, NJ 08837 US

## ADDITIONS/CHANGES:

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: MATTHEW H. MASCHLER, ESQ., PC

MGR

05/01/2009

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