2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L98000002693

Entity Name: EINBINDER MILFORD LLC

Current Principal Place of Business:

19525 PLANTERS POINT DRIVE
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

19525 PLANTERS POINT DRIVE
BOCA RATON, FL 33434

New Mailing Address:

680 BRIDGEPORT AVENUE
SHELTON, CT 06484

FEI Number: 06-1524402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EINBINDER, DAVID A
19525 PLANTERS POINT DRIVE
BOCA RATON, FL 33434 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: EINBINDER, DAVID A
Address: 19525 PLANTERS POINT DRIVE
City-St-Zip: BOCA RATON, FL 33434

Title: MGRM ( ) Delete
Name: EINBINDER, STANLEY M
Address: 6 KNOLLWOOD ROAD
City-St-Zip: WOODBRIDGE, CT 06525

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: EINBINDER, HILLARD ESQ
Address: 254 CHARLES COURT
City-St-Zip: ORANGE, CT 06477

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: STANLEY EINBINDER MGRM 04/20/2009

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