2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# L99000002807

Entity Name: NASSAU CANDY SOUTH, LLC

Current Principal Place of Business:

7835 CENTRAL INDUSTRIAL DRIVE
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

530 W. JOHN ST.
HICKSVILLE, NY 11801

New Mailing Address:

FEI Number: 65-0919034 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REITMAN, ANDREW
7835 CENTRAL INDUSTRIAL DRIVE
RIVIERA BEACH, FL 33404 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: STIER, LES
Address: 530 WEST JOHN STREET
City-St-Zip: HICKSVILLE, NY 11801

Title: MGR ( ) Delete
Name: ROSENBAUM, BARRY
Address: 530 WEST JOHN STREET
City-St-Zip: HICKSVILLE, NY 11801

Title: MGR ( ) Delete
Name: REITMAN, ANDREW
Address: 1701 BLOUNT ROAD
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change ( ) Addition
Name: REITMAN, ANDREW
Address: 7835 CENTRAL INDUSTRIAL DRIVE
City-St-Zip: RIVIERA BEACH, FL 33404

I hereby certify that the information supplied with this filing does not qualify for the 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: LESLEY STIER MGR 04/24/2006

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