
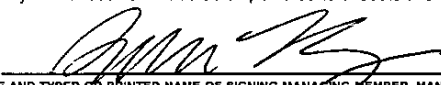


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90006 007 ****50.00

DOCUMENT # M00000001030					
1. Entity Name E.R. SQUIBB & SONS, L.L.C.					
Principal Place of Business TAX DEPT. - 3RD FLOOR 345 PARK AVENUE NEW YORK, NY 10154		Mailing Address TAX DEPT. - 3RD FLOOR 345 PARK AVENUE NEW YORK, NY 10154			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-6121983	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYDEN, DONALD J		NAME		
STREET ADDRESS	345 PARK AVE.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10154		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGOLDRICK, JOHN		NAME		
STREET ADDRESS	345 PARK AVE.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10154		CITY-ST-ZIP		
TITLE	SV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEUNG, SANDRA		NAME		
STREET ADDRESS	345 PARK AVE.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10154		CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	Director/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAINS, HARRISON JR.		NAME	Edward M. Dwyer	
STREET ADDRESS	345 PARK AVE.		STREET ADDRESS	345 Park Avenue	
CITY-ST-ZIP	NEW YORK, NY 10154		CITY-ST-ZIP	New York, NY 10154	
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTA, THOMAS E		NAME		
STREET ADDRESS	345 PARK AVE.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10154		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 		SECRETARY SANDRA LEUNG		7/28/05 212-546-4122	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	