


FILED
Jun 30, 2005 8:00 am
Secretary of State

06-30-2005 90084 032 ****50.00

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # M01000000633

1. Entity Name
CREDITEK LLC



Principal Place of Business
**9 SYLVAN WAY
 SUITE 165
 PARSIPPANY, NJ 07054**

Mailing Address
**9 SYLVAN WAY
 SUITE 165
 PARSIPPANY, NJ 07054**

20060814



06282005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3658826

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
 IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAOLILLO, REGINA 9 SYLVAN WAY, SUITE 165 PARSIPPANY, NJ 07054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HODGSON, DAVID 3 PICKWICK PLAZA GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAGLIARDI, ANTHONY M 9 SYLVAN WAY, SUITE 165 PARSIPPANY, NJ 07054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TROTMAN, SAMANTHA 200 STATE STREET BOSTON, MA 02109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACQUET, ERNEST 200 STATE STREET BOSTON, MA 02109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVY, DEXTER 9 SYLVAN WAY, SUITE 165 PARSIPPANY, NJ 07054

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 IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE: Regina Paolillo **6-28-2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #