2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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May 20, 2005 08:00 AM Secretary of State DOCUMENT # M01000000697 · * 1. Entity Name STEPNEY, LLC Principal Place of Business Mailing Address 130 CENTER RD 4666 MAIN STREET EASTON, CT 06612 BRIDGEPORT, CT 06606 05162005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 06-1471478 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 7, 2005 9. MANAGING MEMBERS/MANAGERS MGR TITLE GANIM, GEORGE W NAME STREET ADDRESS 4666 MAIN ST CITY-ST-ZIP BRIDGEPORT, CT 06606 U00000367724 TITLE 05/20/05-80003-003 50.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS. CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DITY-ST-7IP 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

TED NAME OF SIGNALO MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #