2006 LIMITED LIABILITY COMPANY

SIGNATURE:
SIGNATURE AND TYPED ON PRINTED HAME OF SIGNING MANAGEN, MANAGER, OR AUTHORIZED REPRESENTATIVE

Apr 05, 2006 8:00 am Secretary of State **ANNUAL REPORT** 03-24-2006 90219 044 ****50.00 **DOCUMENT # M01000000976** 1. Entity Name DA COLONIAL LLC 30004147 Principal Place of Business Mailing Address 1600 ST. GEORGES AVE. 1600 ST. GEORGES AVE. P.O. BOX 1234 P.O. BOX 1234 RAHWAY, NJ 07065 RAHWAY, NJ 07065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232006 Chg-LLC CR2E083 (11/05) Applied For City & State 4. FEI Number City & State 22-3799293 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE. TALLAHASSEE, FL 32301 City 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 Signature, typed or printed name of registered agent and bile it applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR TITLE TITLE ☐ Change ☐ Addition DENHOLTZ, STEVEN J NAME NAME 1600 ST GEORGES AVE STREET ADDRESS STREET ADORESS. CITY-ST-ZIP **RAHWAY, NJ 07065** CITY-ST-ZIP TITLE ☐ Oclete TITLE ☐ Change ☐ Addition NUME SEEWALD, ANDREW NAME 46 BAYARD STREET, SUITE 216 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW BRUNSWICK, NJ 08901 CITY-ST-ZIP MILE ☐ Delete TITLE Change ☐ Addition NAME MALE STREET ADDRESS STREET ADDRESS CITY-\$1-7P CITY-ST-73P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delate TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Oelete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 ceth; 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.

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