


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90050 007 ****55.00

DOCUMENT # M02000002016		
1. Entity Name DESIKO, LLC Ecko Direct, LLC		

Principal Place of Business Bldg #82 Hackensack Ave South Kearny NJ 07032	Mailing Address Bldg #82 Hackensack Ave South Kearny NJ 07032
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20058194

2. Principal Place of Business Bldg #82 Hackensack Ave Suite, Apt. #, etc.	3. Mailing Address Bldg #82 Hackensack Ave Suite, Apt. #, etc.
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City & State South Kearny NJ	City & State South Kearny NJ
Zip 07032	Zip 07032
Country	Country

03102005 Chg.-LLC CR2E083 (10/03)

4. FEI Number 44-2043696 43-2060651	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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.

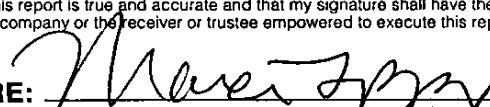
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DESIKO LLC <input checked="" type="checkbox"/> Delete 555 TURNPIKE STREET CANTON, MA 02021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Seth Berszberg <input type="checkbox"/> Delete 40 W 23rd St. NY NY 10010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO Marc Ecko <input type="checkbox"/> Delete 40 W 23rd St. NY NY 10010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EV/Sec. Marc Tappan <input type="checkbox"/> Delete 40 W 23rd St. NY NY 10010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	5/2/05	973-578-2613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #