

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
May 03, 2006  
Secretary of State

DOCUMENT# M02000002230

Entity Name: PRECYSE SOLUTIONS, L.L.C.

**Current Principal Place of Business:**

1275 DRUMMERS LANE  
STE 200  
WAYNE, PA 19087

**New Principal Place of Business:**

**Current Mailing Address:**

1275 DRUMMERS LANE  
STE 200  
WAYNE, PA 19087

**New Mailing Address:**

FEI Number: 51-0392573      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ALIBRIO, ANTHONY  
Address: 100 AVON MEADOW  
City-St-Zip: AVON, CT 06001

Title: MGR ( ) Delete  
Name: KLUGER, MICHAEL  
Address: 101 EAST 52ND ST., 11TH FLOOR  
City-St-Zip: NEW YORK, NY 10022

Title: MGR ( ) Delete  
Name: LEVITT, JEFFREY  
Address: 198 ALLENDALE RD., STE. 401  
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: MGR ( ) Delete  
Name: WEINSTEIN, ALAN  
Address: 41 LONGMEADOW RD.  
City-St-Zip: WINNETKA, IL 60093

Title: MGR ( ) Delete  
Name: ROBERTS, STEVEN  
Address: 31 WEST 52ND ST.  
City-St-Zip: NEW YORK, NY 10019

Title: MGR ( ) Delete  
Name: STAKIAS, G. MICHAEL  
Address: 1370 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10036

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: LEVITT, JEFFREY  
Address: 1275 DRUMMERS LANE  
City-St-Zip: WAYNE, PA 19087

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFFREY LEVITT

MGR

05/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date