

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000000086

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

**Entity Name:** JUNIPER PARTNERS, LLC

**Current Principal Place of Business:**

400 BROADACRES DRIVE  
BLOOMFIELD, NJ 07003 US

**New Principal Place of Business:**

**Current Mailing Address:**

400 BROADACRES DRIVE  
BLOOMFIELD, NJ 07003 US

**New Mailing Address:**

**FEI Number:** 13-3458252

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:** DIR  
**Name:** KATZMANN, LYNNE  
**Address:** 400 BROADACRES DRIVE  
**City-St-Zip:** BLOOMFIELD, NJ 07003 US

**Title:** DIR  
**Name:** POITRAS, JAMES  
**Address:** 400 BROADACRES DRIVE  
**City-St-Zip:** BLOOMFIELD, NJ 07003 US

I hereby 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:** LYNNE KATZMANN

DIR

03/23/2010

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