

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002579

FILED  
Apr 18, 2006  
Secretary of State

Entity Name: FIDELITY BORROWING LLC

**Current Principal Place of Business:**

600 OLD COUNTRY ROAD  
GARDEN CITY, NY 1153

**New Principal Place of Business:**

591 STEWART AVENUE  
GARDEN CITY, NY 11530

**Current Mailing Address:**

600 OLD COUNTRY ROAD  
GARDEN CITY, NY 1153

**New Mailing Address:**

591 STEWART AVENUE  
GARDEN CITY, NY 11530

FEI Number: 01-0583613

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: MGRM ( ) Delete  
Name: OFSIE, BRIAN  
Address: 600 OLD COUNTRY ROAD  
City-St-Zip: GARDEN CITY, NY 11530

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: OFSIE, BRIAN  
Address: 591 STEWART AVENUE  
City-St-Zip: GARDEN CITY, NY 11530

Title: MGRM ( ) Change (X) Addition  
Name: JAYNE, ROBERT  
Address: 591 STEWART AVENUE  
City-St-Zip: GARDEN CITY, NY 11530

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: BRIAN OFSIE

MGRM

04/18/2006

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