

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003409

Entity Name: XYLOPHONE, LLC

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

C/O NGC // ATTN: GAIL AMEN
2385 EXECUTIVE CENTER DRIVE, #290
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

C/O NGC // ATTN: GAIL AMEN
2385 EXECUTIVE CENTER DRIVE, #290
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 32-0094601

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/MEMBERS:

Title: MGRM () Delete
Name: WEXFORD EQUITIES, LL, C
Address: 714 STUART AVENUE
City-St-Zip: MAMARONECK, NY 10543

Title: MGRM () Delete
Name: SHELLZ, LLC,
Address: 2385 EXECUTIVE CENTER DR # 290
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete
Name: IVG EQUITIES LLC,
Address: 2385 EXECUTIVE CENTER DR #290
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete
Name: APRIL EQUITIES LLC,
Address: 803 WEST AVE
City-St-Zip: ROCHESTER, NY 14611

Title: MGR () Delete
Name: AMEN, GAIL
Address: 2385 EXECUTIVE CENTER DR # 290
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

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

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

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 Section 119.07(3)(i), 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: GAIL AMEN

MGR

04/27/2005

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