

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003784

FILED
Mar 03, 2008
Secretary of State

Entity Name: EXTENSIS V LLC

Current Principal Place of Business:

C/O DON ABERNATHY
900 ROUTE 9 NORTH, SUITE 403
WOODBIDGE, NJ 07095

New Principal Place of Business:

Current Mailing Address:

C/O DON ABERNATHY
900 ROUTE 9 NORTH, SUITE 403
WOODBIDGE, NJ 07095

New Mailing Address:

FEI Number: 22-3850859

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: MGR () Delete
Name: RADIN, BRIAN
Address: 900 ROUTE 9 NORTH, SUITE 403
City-St-Zip: WOODBRIDGE, NJ 07095

Title: MGR () Delete
Name: ABERNATHY, DON
Address: 900 ROUTE 9 NORTH, SUITE 403
City-St-Zip: WOODBRIDGE, NJ 07095

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: ABERNATHY, DON
Address: 900 ROUTE 9 NORTH, SUITE 403
City-St-Zip: WOODBRIDGE, NJ 07095

Title: CFO (X) Change () Addition
Name: TUPE, GREG
Address: 900 ROUTE 9 NORTH, SUITE 403
City-St-Zip: WOODBRIDGE, NJ 07095

I hereby certify that the information supplied with this filing does not qualify 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: GREG TUPE

CFO

03/03/2008

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