## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Jan 12, 2005 8:00 am Secretary of State **DOCUMENT # M0300004021** 01-12-2005 90027 014 \*\*\*\*50 00 1. Entity Name A.O. BLACKACRE LLC Principal Place of Business Mailing Address 171 MATAWAN AVE 171 MATAWAN AVE **40001491** MATAWAN, NJ 07747 MATAWAN, NJ 07747 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 Chg-LLC CR2E083 (10/03) 4. FEI Number 22-3576226 APPLIED FOR Applied For City & State City & State Not Applicable Ζip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KRONGOLD & SINGER, P.L. Street Address (P.O. Box Number is Not Acceptable) RANDI M. KRONGOLD, ESQ. 201 ALHAMBRA CIR, STE 801 CORAL GABLES, FL 33134 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGRM ☐ Change ☐ Addition TITLE TITLE SIEGEL, MARC J NAME NAME STREET ADDRESS 171 MATAWAN AVE STREET ADDRESS MATAWAN, NJ 07747 CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete MIE MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-789 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify 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 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 on the receiver or furustee empowered to execute this report as required by Chapter 608, Florida Statutes. 19 11 3 com SIGNATURE: ED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**