

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001530

FILED
Jan 20, 2009
Secretary of State

Entity Name: SAVASTANO,KAUFMAN & COMPANY, LLC

Current Principal Place of Business:

625 FROM ROAD
PARAMUS, NJ 07652

New Principal Place of Business:

Current Mailing Address:

625 FROM ROAD
PARAMUS, NJ 07652

New Mailing Address:

FEI Number: 71-0917675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAVASTANO, JOHN H
4005 GULFSHORE BLVD NORTH APT 1100
NAPLES, FL 34103 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: SAVASTANO, JOHN
Address: 625 FROM ROAD
City-St-Zip: PARAMUS, NJ 07652

Title: MGRM () Delete
Name: KAUFMAN, KENNETH
Address: 625 FROM ROAD
City-St-Zip: PARAMUS, NJ 07652

Title: MGRM () Delete
Name: REA, BRETT
Address: 625 FROM ROAD
City-St-Zip: PARAMUS, NJ 07652

Title: MGRM () Delete
Name: WESCOTT, LINDA
Address: 625 FROM ROAD
City-St-Zip: PARAMUS, NJ 07652

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:

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: JOHN H. SAVASTANO

MGRM

01/20/2009

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