2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90035 010 ****50.00

DOCUMENT # M04000001601

1. Entity Name
RESIDEX, LLC

Principal Place of Business	Mailing Address
225 TERMINAL AVENUE CLARK NJ 07066	225 TERMINAL AVENUE CLARK NJ 07066

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
570 SOUTH AVE. EAST	570 SOUTH AVE EAST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CRANFORD, NJ	City & State: CRANFORD, NJ
Zip: 07016 Country:	Zip: 07016 Country:

4. FEI Number 57-1202840 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

46501-

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	DONAGHY, CHRIS		NAME		
STREET ADDRESS	~~225 TERMINAL AVENUE~~		STREET ADDRESS	570 SOUTH AVE. EAST	
CITY-ST-ZIP	~~CLARK NJ 07066~~ →		CITY-ST-ZIP	CRANFORD, NJ 07016	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Christopher Donaghy, C.E.O. 4/6/05 908-272-4383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #