2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

Apr 13, 2007 8:00 am Secretary of State 04-13-2007 90035 011 ****55.00 **DOCUMENT # M04000001601** 1. Entity Name RESIDEX, LLC Principal Place of Business Mailing Address **570 SOUTH AVE EAST 570 SOUTH AVE EAST** CRANFORD, NJ 07016 CRANFORD, NJ 07016 CR2E083 (11/05) 03272007 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1202840 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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) Filling Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGR TITLE DONAGHY, CHRIS NAME STREET ADDRESS **570 SOUTH AVE EAST** CITY-ST-ZIP CRANFORD, NJ 07016 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 pocular or mustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STEPHEN BALIANI

ING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED