## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED** Mar 13, 2008 08:00 AN Secretary of State DOCUMENT # M04000001601 1. Entity Name RESIDEX, LLC Mailing Address Principal Place of Business **570 SOUTH AVE EAST 570 SOUTH AVE EAST** CRANFORD, NJ 07016 CRANFORD, NJ 07016 ar a dagla can mertan da arang pang dan dan dan dan diberatah an dalam dalam da DO NOT WRITE IN THIS SPACE CR2E083 (12/07) 03062008 No Chg-LLC 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!II FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE DONAGHY, CHRIS NAME STREET ADDRESS 570 SOUTH AVE EAST CITY-ST-ZIP CRANFORD, NJ 07016 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 is the receive for this see empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME STREET ADDRESS