2006 LIMITED LIABILITY COMPANY

Feb 13, 2006 8:00 am **ANNUAL REPORT DOCUMENT # M04000002317 Secretary of State** 1. Entity Name 02-13-2006 90188 010 ****50.00 BARÓN 330 LLC Principal Place of Business Mailing Address 341 EAST 149TH STREET 341 EAST 149TH STREET 20007371 **BRONX, NY 10451** BRONX, NY 10451 CR2E083 (11/05) 02062006 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAT PURSER & ASSOCIATES, INC. DO NOT WRITE 6320 ST AUGUSTINE RD SUITE 7 IN THIS SPACE JACKSONVILLE, FL 32217 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) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE LEVITES, BARRY NAME 341 EAST 149TH STREET STREET ADDRESS CITY-ST-ZIP **BRONX, NY 10451** NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 repeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

2110/06

FILED

Daytime Phone #