

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 15, 2005 8:00 am**  
**Secretary of State**

08-15-2005 90035 008 \*\*\*\*50.00

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<b>DOCUMENT # M04000003377</b> 1. Entity Name <b>LAKELAND NI INDUSTRIAL LLC</b>			
Principal Place of Business <b>C/O CAMMEBY'S INTERNATIONAL LTD. 45 BROADWAY, 25TH FLOOR NEW YORK, NY 10006</b>		Mailing Address <b>C/O CAMMEBY'S INTERNATIONAL LTD. 45 BROADWAY, 25TH FLOOR NEW YORK, NY 10006</b>	
2. Principal Place of Business <b>C/O CAM NIP MANAGEMENT LLC</b> Suite, Apt. #, etc. <b>575 UNDERHILL BLVD - SUITE 125</b> City & State <b>SYOSSET, NY</b> Zip <b>11791</b> Country <b>USA</b>		3. Mailing Address <b>C/O CAM NIP MANAGEMENT LLC</b> Suite, Apt. #, etc. <b>575 UNDERHILL BLVD - SUITE 125</b> City & State <b>SYOSSET, NY</b> Zip <b>11791</b> Country <b>USA</b>	
4. FEI Number <b>20-1472216</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <b>SCHRON, RUBIN</b> <b>45 BROADWAY, 25TH FLOOR</b> <b>NEW YORK, NY 10006</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <b>FEDERMAN, BRUCE</b> <b>382 THIRD AVENUE, 12TH FLOOR</b> <b>BROOKLYN, NY 11232</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <b>SCHRON, ELI</b> <b>45 BROADWAY, 25TH FLOOR</b> <b>NEW YORK, NY 10006</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <b>SCHRON, AVI</b> <b>45 BROADWAY, 25TH FLOOR</b> <b>NEW YORK, NY 10006</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Abraham M. Levine</u> <b>ABRAHAM M. LEVINE</b> <u>8/8/05</u> <u>(516) 364-5000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			