2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 07, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # M040000 C&DLLC	04737	(SIMIN)			06-07-2006 \$	90069 004 ****	50.00
Principal Plac	e of Business	Mailing Address						
730 THIRD AVENUE		730 THIRD AVENUE			200471	99		
NEW YORK, M	NY 10017	NEW YORK, NY 1001	1			200411	H H	
·								
2. Principal P	Place of Business	3. Mailing Address					# 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05312006	Chg-LLC	CR2E083 (11/0	5)	
City & State	e	City & State		4. FEI Numb	er PPLICABLE		Applied For	
Zip	Country	Zip	Country		 		\$5.00	Not Applicable Additional
					5. Certificate	of Status Desired	Fee Req	
	6. Name and Address of Curre	ent Registered Agent		Name	7. Name and	Address of New R	egistered Agent	
C T CORPORATION SYSTEM					*			
	TH PINE ISLAND ROAD ION, FL 33324		Ľ	Street Address	(P.O. Box Numb	er is Not Acceptable	e)	
· CAMIAN	1011,1 E 33324							
				City			FL Zip C	ode
8. The above	named entity submits this statementions of registered agent.	t for the purpose of changing its	s registered	office or registe	ered agent, or bo	oth, in the State of Flo		th, and accept
_	or ogloror og agorn.							
SIGNATURE .								
	Signature, typed or printed name of registered ac	gent and title if applicable. (NO	TE: Registered Ag	gent signature require	d when reinstating)		DATE	
	Signature, typed or ornied name of registered againing Fee is \$50.00 by September 6, 2006	ent and title if applicable. (NO	TE: Registered Ag	gent signature require	id when reinstating)		DATE e check payable to Department of S	
	ing Fee is \$50.00 y September 6, 2006	eni and title if applicable. (NO:	TE: Registered Ag	gent signature require	d when reinstating)		e check payable t Department of S	
9.	ing Fee is \$50.00 by September 6, 2006 MANAGING MEN		10. TITLE	D.		Florida ADDITIONS/	e check payable t Department of S	tate
Due b	ing Fee is \$50.00 y September 6, 2006 MANAGING MEN	IBERS/MANAGERS	10.	P _. G.	arbutt,	Florida	e check payable to Department of S	tate
9. Due to	ing Fee is \$50.00 by September 6, 2006 MANAGING MEN MGR SOMERS, JOHN A	IBERS/MANAGERS	10. TITLE NAME	ADDRESS 73	arbutt, 0 Third w York,	ADDITIONS/ Thomas Avenue NY 1001	e check payable to Department of S	tate
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ing Fee is \$50.00 by September 6, 2006 MANAGING MEN MGR SOMERS, JOHN A 730 THIRD AVENUE NEW YORK, NY 10017 MGR	IBERS/MANAGERS	10. TITLE NAME STREET A CITY-ST-	ADDRESS 73	arbutt, 0 Third w York,	ADDITIONS/ Thomas Avenue NY 1001	e check payable to Department of S	e 🛛 Addition
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9. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ing Fee is \$50.00 by September 6, 2006 MANAGING MEN MGR SOMERS, JOHN A 730 THIRD AVENUE NEW YORK, NY 10017 MGR	IBERS/MANAGERS	10. TITLE NAME STREET A CITY-ST-	ADDRESS 731 ADDRESS 731 ADDRESS 731	arbutt, Third York, Mato, Third	ADDITIONS/ Thomas Avenue NY 1001	e check payable to Department of S CHANGES Chan 7	tate ⊠ Addition
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Mark L. Serlen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Mark L. Serlen

5/30/06

212 916-4256

Daytime Phone #