2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

1. Entity Nar	MENT # M0400005303 THER ISLAND LLC	3		Apr 12, 2006 08:00 AM Secretary of State		
Principal Plac	ce of Business	Mailing Address	· ·			
3333 NEW HYDE PARK RD		3333 NEW HYDE PARK RD # 100			·	
NEW HYDE PARK NY 11042		NEW HYDE PARK NY 11042				
2. Principal Place of Business		3. Mailing Address		S SUBSERERS SELECTION OF THE PRESENCE BESIS BESIS	11//F 99//F 46/81 5//FF ///K 98/F1	HARRE HE FRON
Suite, Apt, II, etc.		Suite, Apt. #, etc.		1st MOORE	CR2E083 (10/05)	
City & State		City & Stale		4. FEI Number 32-0133205	· —	pplied For at Applia
Zip	Country	Zip	Cauntry	5. Certificate of Status Desired	□ \$5.00 Ad Fee Require	ditional
	6. Name and Address of Current Re	gistered Agent		7. Name and Address of New R	egistered Agent	
^ T	CORRORATION OVERTIL		Name			
120	CORPORATION SYSTEM O SOUTH PINE ISLAND ROAD NTATION FL 33324	3	Street Addres	eet Address (P.O. Box Number is Not Acceptable)		
FLA	INTATION FL 33324		}			
			City		FL Zip Coo	ie
	e named entity submits this statement for the tions of registered agent. Signature, typna or printed name of registered agent and	life if approable NOTE	registered office or regis Pepsiered Agent signature requi	ared when reinstaling)	rida. I am familiar with.	end ecc
		Make Check Payabl	e to Florida Departm By May 1, 2006			
9.	MANAGING MEMBERS	/MANAGERS	10.	ADDITIONS	CHANGES	
TITLE NAME	MGR	☐ Delete	TITLE No. of		Change	□ Maria
STREET ADDRESS	J		NAME STREET ADDRESS	8890000505083 84726786-88181-814 58.88		
CITY-ST-ZIP	NEW YORK NY 10017		CITY-S1- <i>ZIP</i>	04/26/06-80101-014-50.00		
TITLE		Delete	TITLE		Change	☐ A44
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY- ST- ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Acd
NAMI' STREET ADDRESS			NAME CONSTRUCTOR			
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP			
TITLE	☐ Delete 170				☐ Change	□ Adda
NAME STREET ADDRESS			NAME STREET ADDRESS	- ·		
City-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TIRLE		☐ Change	☐ Additi
NAME			NAME			_
STREET ADDRESS CHY-ST-ZIP			STREET ADORESS CITY-ST-INP			
THILE		☐ Delete	UUTE		☐ Change	
NAME		CT Delete	NAME		្ឋា <i>បាន</i> ប្បើវ	□ /**···
STREET ADCRESS			STREET AUDRESS			
CITY-ST-ZIP		611	CHY-ST-ZP			

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

3-17-06 516-869-9000