

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001068

Entity Name: LAWLER ASSOCIATES, LLC

FILED  
Apr 30, 2007  
Secretary of State

**Current Principal Place of Business:**

1151 BROAD ST.  
SUITE118  
SHREWSBURY, NJ 07702

**New Principal Place of Business:**

**Current Mailing Address:**

1151 BROAD ST.  
SUITE 118  
SHREWSBURY, NJ 07702

**New Mailing Address:**

FEI Number: 43-2024339

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LAWLER, ALICIA  
Address: 55 CYPRESS NECK ROAD  
City-St-Zip: LINCROFT, NJ 07738

Title: MGRM ( ) Delete  
Name: LAWLER, PATRICK  
Address: 55 CYPRESS NECK ROAD  
City-St-Zip: LINCROFT, NJ 07738

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALICIA LAWLER

CEO

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date