2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# M05000001068

Entity Name: LAWLER ASSOCIATES, LLC

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:

1151 BROAD ST.
PO BOX 73218
SHREWSBURY, NJ 07702

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 MS. 04/28/2008

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