## 2006 LIMITED LIABILITY COMPANY

## **FILED ANNUAL REPORT** Jan 27, 2006 08:00 AN DOCUMENT # M05000006364 **Secretary of State** 1. Entity Name CJ SARDI, L.L.C. Principal Place of Business Mailing Address 200 WINDERMERE AVENUE 200 WINDERMERE AVENUE INTERLAKEN, NJ 07712-4430 INTERLAKEN, NJ 07712-4430 01132006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0441174 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARTIN, SHIRLEY DO NOT WRITE 500 BAYVIEW DRIVE, SUITE 234 SUNNY ISLES BEACH, FL 33160-4748 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 000000404408 Filing Fee is \$50.00 Due by May 1, 2006 U2/06/06-80044-025 50.00 9. MANAGING MEMBERS/MANAGERS MGR TITLE JONES, CARA NAME 200 WINDERMERE AVENUE STREET ADDRESS CITY-ST-ZIP INTERLAKEN, NJ 077124430 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 role and accurate and that rify 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAYAGING MEMBER, OR AUTHORIZED REPRESENTATIVE