


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90151 049 ****50.00

DOCUMENT # M06000001227 1. Entity Name GARFIELD ENTERPRISES, L.L.C.			
Principal Place of Business C/O THE GARDEN CITY COMPANY, INC. 48 SOUTH SERVICE ROAD, SUITE 100 MELVILLE, NY 11747		Mailing Address C/O THE GARDEN CITY COMPANY, INC. 48 SOUTH SERVICE ROAD, SUITE 100 MELVILLE, NY 11747	
2. Principal Place of Business - No P.O. Box # 68 South Service Road Suite, Apt. #, etc. Suite 100		3. Mailing Address 68 South Service Road Suite, Apt. #, etc. Suite 100	
City & State Melville, NY		City & State Melville, NY	
Zip 11747	Country USA	Zip 11747	Country USA
4. FEI Number 51-0524623		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 515 EAST PARK AVE. TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROTHSCHILD, ALLAN B 1 HOCKANUM ROAD MELVILLE, NY 11747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Garfield Enterprises LLC By: [Signature] President		Date 1/15/07	Daytime Phone # 212-223-4650