

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002483

Entity Name: N & J KHAN LLC

FILED  
Mar 25, 2007  
Secretary of State

**Current Principal Place of Business:**

ONE INDEPENDENCE COURT #316N1  
HOBOKEN, NJ 07030

**New Principal Place of Business:**

ONE INDEPENDENCE COURT #316NI  
HOBOKEN, NJ 07030

**Current Mailing Address:**

ONE INDEPENDENCE COURT #316N1  
HOBOKEN, NJ 07030

**New Mailing Address:**

ONE INDEPENDENCE COURT #316NI  
HOBOKEN, NJ 07030

FEI Number: 71-0998564

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DIAZ, NANCY  
4920 SW 76 STREET  
CORAL GABLES, FL 33143 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: SHAW, JUDY  
Address: 1021 GRAND STREET, APT. 4H  
City-St-Zip: HOBOKEN, NJ 07030

Title: MGRM ( ) Delete  
Name: DIAZ, NANCY  
Address: 4920 SW 76 STREET  
City-St-Zip: CORAL GABLES, FL 33143

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHAW, JUDY  
Address: ONE INDEPENDENCE COURT - 316NI  
City-St-Zip: HOBOKEN, NJ 07030

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JUDY SHAW

MGRM

03/25/2007

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