2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002828

Entity Name: GELT BUSINESS CREDIT, LLC

FILED Apr 25, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1265 INDUSTRIAL BLVD. 2755 PHILMONT AVENUE

SOUTHAMPTON, PA 18966 HUNTINGDON VALLEY, PA 19006

Current Mailing Address: New Mailing Address:

1265 INDUSTRIAL BLVD. 2755 PHILMONT AVENUE

SOUTHAMPTON, PA 18966 HUNTINGDON VALLEY, PA 19006

FEI Number: 23-3052922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MILLER, JACK
951 BROKEN SOUND PARKWAY
MILLER, JACK
17533 CIRCLE POND COURT

BOCA RATON, FL 33487 US BOCA RATON, FL 33496 US

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.

ADDITIONS/CHANGES:

SHOHAM, URI

MILLER, JACK

MILLER, ARI

MGR

MGR

2755 PHILMONT AVENUE

2755 PHILMONT AVENUE

2755 PHILMONT AVENUE

HUNTINGDON VALLEY, PA 19006

HUNTINGDON VALLEY, PA 19006

HUNTINGDON VALLEY, PA 19006

(X) Change () Addition

(X) Change () Addition

(X) Change () Addition

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

SIGNATURE: 04/25/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHOHAM, URI

 Address:
 1265 INDUSTRIAL BLVD.
 Address:

 City-St-Zip:
 SOUTHAMPTON, PA 18966
 City-St-Zip:

Title: MGR () Delete Name: MILLER, JACK

Address: 1265 INDUSTRIAL BLVD.
City-St-Zip: SOUTHAMPTON, PA 18966

Title: MGR () Delete

Name: MILLER, ARI

Address: 1265 INDUSTRIAL BLVD. City-St-Zip: SOUTHAMPTON, PA 18966

Title: () Delete Title: MGR () Change (X) Addition

 Name:
 Name:
 WAKSMAN, JASON

 Address:
 Address:
 2755 PHILMONT AVENUE

 City-St-Zip:
 City-St-Zip:
 HUNTINGDON VALLEY, PA 19006

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: JASON M. WAKSMAN MGR 04/25/2008