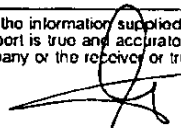


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-01-2007 90048 042 ****50.00

DOCUMENT # M06000005754					
1. Entity Name LONGBOAT ARC WHEELER, LLC					
Principal Place of Business 1401 BROAD STREET CLIFTON NJ 07013			Mailing Address 1401 BROAD STREET CLIFTON NJ 07013		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-5671689	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent OLSON, PAUL E ESQ 1776 RINGLING BLVD. SARASOTA FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 non-subject agent here only if applicable. (NOTE: Non-subject Agent's signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
NAME STREET ADDRESS CITY ST ZIP	MGR WILSON, JEFFREY E 1401 BROAD STREET CLIFTON NJ 07013	☐ Delete	NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY ST ZIP		☐ Delete	NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY ST ZIP		☐ Delete	NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY ST ZIP		☐ Delete	NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY ST ZIP		☐ Delete	NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY ST ZIP		☐ Delete	NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Robert J. Ambrosi 1/22/07 973-249-1000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					