

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000007436

FILED  
May 19, 2009  
Secretary of State

**Entity Name:** COLUMN RECOVERY GROUP, LLC

**Current Principal Place of Business:**

1446 ABBOTT RD.  
LACKAWANNA, NY 14218

**New Principal Place of Business:**

**Current Mailing Address:**

1446 ABBOTT RD.  
LACKAWANNA, NY 14218

**New Mailing Address:**

**FEI Number:** 26-0749775

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: EBERLE, TIMOTHY  
Address: 1446 ABBOTT RD.  
City-St-Zip: LACKAWANNA, NY 14218

Title: MGRM ( ) Delete  
Name: HANANIA, FRED  
Address: 1446 ABBOTT RD.  
City-St-Zip: LACKAWANNA, NY 14218

**ADDITIONS/CHANGES:**

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

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

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:** TIMOTHY EBERLE

MGMR

05/19/2009

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