2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# M08000004159

Entity Name: 550 S. FEDERAL HWY, LLC

Current Principal Place of Business:

620 TINTON AVE. STE. 200, BLDG. B
TINTON FALLS, NJ 07724

New Principal Place of Business:

Current Mailing Address:

620 TINTON AVE. STE. 200, BLDG. B
TINTON FALLS, NJ 07724

New Mailing Address:

FEI Number: 26-2260265 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STAVOLA, DAVID
2910 NE 53RD ST.
LIGHTHOUSE POINT, FL 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:	MGR	( ) Delete
Name:	FBO JOSEPH C STAVOLA, IV IRREVOCABL E TRUST	
Address:	PO BOX 482	
City-St-Zip:	RED BANK, NJ 07701	
Title:	MGR	( ) Delete
Name:	FBO ROBERT W STAVOLA, IV IRREVOCABL E TRUST	
Address:	PO BOX 482	
City-St-Zip:	RED BANK, NJ 07701	
Title:	MGR	( ) Delete
Name:	FBO DAVID J STAVOLA, JR IRREVOCABLE TRUST	
Address:	PO BOX 482	
City-St-Zip:	RED BANK, NJ 07701	
Title:	MGR	( ) Delete
Name:	FBO MICHELE STAVOLA, IRREVOCABLE TR U ST	
Address:	PO BOX 482	
City-St-Zip:	RED BANK, NJ 07701	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DAVID STAVOLA MGRM 01/05/2009

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