2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 26, 2004 08:00 AM Secretary of State DOCUMENT # M95000000228 PONJEB III, L.L.C. LIMITED COMPANY Principal Place of Business. Mailing Address C/O CARCO GROUP, INC. C/O CARCO GROUP, INC. 17 FLOWERFIELD INDUSTRIAL PARK 17 FLOWERFIELD INDUSTRIAL PARK ST. JAMES, NY 11780 ST. JAMES, NY 11780 01052004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3274255 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. DO NOT WRITE 1201 HAYS STREET, SUITE 105 TALLAHASSEE, FL 32301 IN THIS SPACE 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 registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME O'NEILL. PETER L C/O 17 FLOWERFIELD INDUSTRIAL PARK STREET ADDRESS U00000013632 01/26/04-80061-013 50.00 CITY-ST-ZIP ST. JAMES, NY 11780 MGRM TITLE BEASLEY, JAMES E NAME C/O 17 FLOWERFIELD INDUSTRIAL PARK STREET ADDRESS ST. JAMES, NY 11780 C/TY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIV

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

(631)862~9300

Daytime Phone *

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