2006 LIMITED LIABILITY COMPANY

Secretary of State ANNUAL REPORT 02-21-2006 90177 044 ****50.00 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. 20009481 17 FLOWERFIELD INDUSTRIAL PARK 17 FLOWERFIELD INDUSTRIAL PARK ST. JAMES, NY 11780 ST. JAMES, NY 11780 2. Principal Place of Business 3. Mailing Address 5000 Corporate Court 5000 Corporate Court Suite, Apt. #, etc. Suit.tee 203 Suite, Apt. #, etc. 02102006 CR2E083 (11/05) Chg-LLC Suite 203 City & State City & State Applied For 4. FEI Number Holtsville, Holtsville, NY NY 11-3274255 Not Applicable Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 11742 11742 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET, SUITE 105 TALLAHASSEE, FL 32301 City 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. Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM Address Change TITLE TITLE ☐ Addition ☐ Delete MGRM O'NEILL, PETER L NAME NAME O'Neill, Peter STREET ADDRESS C/O 17 FLOWERFIELD INDUSTRIAL PARK STREET ADDRESS 5000 Corporate Court ST. JAMES, NY 11780 CITY-ST-ZIP CITY-ST-ZIP Holtsville, NY 11742 Addressiance Addition MGRM Estate of ☐ Delete TITLE TITLE NAME BEASLEY, JAMES E NAME The Estate of James E. Beasley STREET ADDRESS C/O 17 FLOWERFIELD INDUSTRIAL PARK STREET ADDRESS ST. JAMES, NY 11780 CITY-ST-ZIP 5000 Corporate Court CITY-ST-7IP Holtsville, NY 11742 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 treatee empowered to execute this report as required by Chapter 608, Florida Statutes.

Bruce E. Berger

RE: Signature and typed or printed name of signing managing member, manager, or authorized representative

SIGNATURE:

FILED Feb 21, 2006 8:00 am

631-862-9300

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