2004 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Jul 15, 2004 08:00 AM DOCUMENT # M9700000133 Secretary of State 14TH & HEINBERG, L.L.C. Mailing Address Principal Place of Business C/O SUDLER MANAGEMENT CO. C/O SUDLER MANAGEMENT CO. 300 INTERPACE PARKWAY PARSIPPANY, NJ 07054 **300 INTERPACE PARKWAY** PARSIPPANY, NJ 07054 07012004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-3435667 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by September 8, 2004 U00000166274 07/15/04-80002-005 50.00 MANAGING MEMBERS/MANAGERS 9. TITLE NAME SUDLER, PETER D น โดยที่เกลืองกระทำเพื่อเกร 300 INTERPACE PARKWAY STREET ADDRESS CITY-ST-ZIP PARSIPPANY, NJ 07054 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

11. I hereby certify that the information supplied with this filing 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.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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MARKET STATE OF THE STATE OF TH

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