2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 11, 2004 8:00 am
Secretary of State

04-26-2004 90058 007 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # M97000000510

1. Entity Name
GFA DEVELOPMENT CO., L.L.C.

Principal Place of Business	Mailing Address
727 RARITAN RD CLARK NJ 07066	727 RARITAN RD CLARK NJ 07066

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 22-3429293 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHEINBERG, SAMUEL 7100 RADICE COURT FORT LAUDERDALE FL 33319	Name: Julian R. Siegel Street Address (P.O. Box Number is Not Acceptable): 10301 Crosby Place City: Port St. Lucie FL Zip Code 34986

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: Julian R. Siegel DATE 3/16/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR ALPER, GARY P.O. BOX 122 MONTVALE NJ 07645	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Alper, Gary 727 Raritan Road Clark, NJ 07066	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR ALPER, LORI P.O. BOX 122 MONTVALE NJ 07645	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Alper, Lori 727 Raritan Road Clark, NJ 07066	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Gary Alper, Member 03/24/04 732-382-5011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #