

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021221

FILED  
Jan 26, 2009  
Secretary of State

**Entity Name:** SCHECHTER FAMILY INVESTMENTS, LLC

**Current Principal Place of Business:**

21211 NE 38TH AVE.  
AVENTURA, FL 33180

**New Principal Place of Business:**

21211 NE 38TH AVE.  
AVENTURA, FL 33180 US

**Current Mailing Address:**

21211 NE 38TH AVE.  
AVENTURA, FL 33180

**New Mailing Address:**

21211 NE 38TH AVE.  
AVENTURA, FL 33180 US

FEI Number: 55-0838382

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHECHTER, RICHARD  
21211 NE 38TH AVE.  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

SCHECHTER, RICHARD MGR  
21211 NE 38TH AVE.  
AVENTURA, FL 33180 US

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: RICHARD SCHECHTER

01/26/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SCHECHTER, RICHARD  
Address: 21211 NE 38TH AVE.  
City-St-Zip: AVENTURA, FL 33180

Title: MGR ( ) Delete  
Name: SCHECHTER, EILEEN  
Address: 21211 NE 38TH AVE.  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES:**

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: RICHARD SCHECHTER

MGR

01/26/2009

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