

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 19, 2010
Secretary of State

Entity Name: GOLDSTEIN, ZUGMAN, WEINSTEIN & POOLE, LLC

Current Principal Place of Business:

300 SOUTH PINE ISLAND ROAD
SUITE 300
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

300 SOUTH PINE ISLAND ROAD
SUITE 300
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 20-0453834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSTEIN, IRVING L CPA
300 SOUTH PINE ISLAND ROAD
SUITE 300
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: POOLEGOLDSTEIN LLP
Address: 300 SOUTH PINE ISLAND ROAD SUITE 300
City-St-Zip: PLANTATION, FL 33324

Title: MGRM
Name: FREDERICK S WEINSTEIN CPA PA
Address: 4875 N FEDERAL HIGHWAY 4TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGRM
Name: DAVID B ZUGMAN CPA PA
Address: 4875 N. FEDERAL HIGHWAY, 4TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGRM
Name: DAVID B BLACK CPA PA
Address: 4875 N. FEDERAL HIGHWAY, 4TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGRM
Name: STEVEN M BORISMAN CPA PA
Address: 4875 N FEDERAL HIGHWAY, 4TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGRM
Name: GEORGE F HORVATH CPA PA
Address: 4875 N FEDERAL HIGHWAY 4TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby 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: POOLEGOLDSTEIN LLP

MGRM

04/19/2010

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