## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

limited liability company or the

## **FILED** Mar 01, 2007 8:00 am Secretary of State

941-778-0156

03-01-2007 90190 008 \*\*\*\*50.00 DOCUMENT # L04000029660 TEITÉLBAUM INVESTORS, LLC 60020122 Principal Place of Business Mailing Address 115 THIRD STREET SOUTH 115 THIRD STREET SOUTH BRADENTON FL 34217 BRADENTON, FL 34217 BEACH 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 115 THIRD STREET SOUTH 115 THIRD STREET SOUTH Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number BEACH BEACH FL BRADENTON BRADENTIN NOT APPLICABLE Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired LISA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TEITEL BAUM. DAVID TEITALBAUM, DAVID Street Address (P.O. Box Number is Not Acceptable) 115 THIRD STREET SOUTH BRADENTON FL 34217 BETKH BRADENTON BEACH 8. The above named entity s ose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registe SIGNATURE Signature, typed or ered agent and title if applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGR TITLE TITLE ☐ Addition C Delete Change NAME TEITELBAUM, DAVID STREET ADDRESS 115 THIRD ST S STREET ADDRESS CITY-ST-ZIP BRADENTON BEACH, FL 34217 CITY-S1-ZIP TIFLE ☐ Delete DITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY S1-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILL Chance ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP I hereby certify that the informal indicated on this report is true a s not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information ure shall have the same legal effect as if made under oath; that I am a managing member or manager of the presecute this report as required by Chapter 608, Florida Statutes. upplied with this filing doe rate and that

GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE