

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054923

FILED  
Jun 23, 2009  
Secretary of State

Entity Name: DOUGLAS ELLIMAN FLORIDA LLC

**Current Principal Place of Business:**

1691 MICHIGAN AVE 210  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1691 MICHIGAN AVE 210  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 20-1473661      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BRIAN T. CARTER, P.A.  
1691 MICHIGAN AVE 210  
MIAMI BEACH, FL 33139      US

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

JAMIE L. GOFF  
1691 MICHIGAN AVE 210  
MIAMI BEACH, FL 33139      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: JOHN LYMAN, EVP

06/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P      ( ) Delete  
Name: GOFF, JAMIE  
Address: 1691 MICHIGAN AVE 210  
City-St-Zip: MIAMI BEACH, FL 33139

Title: V      ( ) Delete  
Name: LYMAN, JOHN  
Address: 1691 MICHIGAN AVE 210  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: EVP      (X) Change ( ) Addition  
Name: LYMAN, JOHN  
Address: 1691 MICHIGAN AVE 210  
City-St-Zip: MIAMI BEACH, FL 33139

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: JOHN LYMAN

EVP

06/23/2009

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