

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054923

**FILED**  
**Jan 05, 2010**  
**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:**

1691 MICHIGAN AVE  
SUITE 210  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1691 MICHIGAN AVE 210  
MIAMI BEACH, FL 33139

**New Mailing Address:**

1691 MICHIGAN AVE  
SUITE 210  
MIAMI BEACH, FL 33139

FEI Number: 20-1473661

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JAMIE L. GOFF  
1691 MICHIGAN AVE 210  
MIAMI BEACH, FL 33139 US

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

JAMIE L. GOFF  
1691 MICHIGAN AVE  
SUITE 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/05/2010

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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: JOHN LYMAN

EVP

01/05/2010

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