

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064060

Entity Name: 203 NEIMAN AVE, LLC

FILED  
Apr 24, 2008  
Secretary of State

**Current Principal Place of Business:**

1332 DESOTO STREET  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

1332 DESOTO STREET  
MELBOURNE, FL 32935

**New Mailing Address:**

FEI Number: 20-3156965

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KIRSCHNER, STANLEY M  
1332 DESOTO STREET  
MELBOUREN, FL 32935 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 ( ) Delete  
Name: KIRSCHNER, STANLEY M JR  
Address: 1332 DESOTO STREET  
City-St-Zip: MELBOURNE, FL 32935

Title: TS ( ) Delete  
Name: BONENBERGER, JAMES  
Address: 1332 DESOTO STREET  
City-St-Zip: MELBOURNE, FL 32935

Title: S ( ) Delete  
Name: PRINCE, VERNON  
Address: 1332 DESOTO STREET  
City-St-Zip: MELBOURNE, FL 32903

**ADDITIONS/CHANGES:**

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

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: STANLEY KIRSCHNER

MGRM

04/24/2008

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