

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097108

FILED
Jul 08, 2006
Secretary of State

Entity Name: SAMOWITZ & KLEIN NO. 1 FOR CORAL SPRINGS, LLC

Current Principal Place of Business:

439 SKYTOP DRIVE
FAIRFIELD, CT 06825

New Principal Place of Business:

439 SKY TOP DRIVE
FAIRFIELD, CT 06825 US

Current Mailing Address:

439 SKYTOP DRIVE
FAIRFIELD, CT 06825

New Mailing Address:

55 ARMITAGE DRIVE
BRIDGEPORT, CT 06605 US

FEI Number: 20-3623962 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:

BLAKE, WALTER R
1881 UNIVERSITY DRIVE SUITE 100
CORAL SPRINGS, FL 33071 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. () Change (X) Addition
Name: SAMOWITZ, JACK MEMBER
Address: 55 ARMITAGE DR.
City-St-Zip: BRIDGEPORT, CT 06605 US

Title: MR. () Change (X) Addition
Name: KLEIN, ALEX MEMBER
Address: 439 SKY TOP DRIVE
City-St-Zip: FAIRFIELD, CT 06825 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JACK SAMOWITZ

MR.

07/08/2006

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