

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000014475

**FILED**  
**May 02, 2010**  
**Secretary of State**

**Entity Name:** BARAKAT JACOBS & ASSOCIATES, P.L.

**Current Principal Place of Business:**

169 EAST FLAGLER STREET, SUITE 1640  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

169 EAST FLAGLER STREET, SUITE 1640  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 20-3994895      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:**

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

BARAKAT, BRIAN  
169 EAST FLAGLER STREET, SUITE 1640  
MIAMI, FL 33131      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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BRIAN BARAKAT PA  
Address: 507 BIRD ROAD  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM  
Name: BRUCE JACOBS PA  
Address: 169 EAST FLAGLER STREET, SUITE 1640  
City-St-Zip: MIAMI, FL 33131

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: BRIAN BARAKAT

MGMR

05/02/2010

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