

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 24, 2008  
Secretary of State**

DOCUMENT# L06000095882

Entity Name: TAMARAC ASSOCIATES, LLC

**Current Principal Place of Business:**

5310 N.W. 33RD AVENUE, SUITE 211  
FT. LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

5310 N.W. 33RD AVENUE, SUITE 211  
FT. LAUDERDALE, FL 33309

**New Mailing Address:**

FEI Number: 59-2411114      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WEISMAN, ANDREW S  
5310 N.W. 33RD AVENUE, SUITE 211  
FT. LAUDERDALE, FL 33309      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: MGR      ( ) Delete  
Name: WEISMAN, BARTON D  
Address: 5310 N.W. 33RD AVE, #211  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR      ( ) Delete  
Name: WEISMAN, ANDREW S  
Address: 5310 N.W. 33RD AVE, #211  
City-St-Zip: FORT LAUDERDALE, FL 33309

**ADDITIONS/CHANGES:**

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: ANDREW S. WEISMAN

MGR

04/24/2008

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