


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L06000106318**  
 1. Entity Name  
**FUERST, HUMPHREY & ITTLEMAN P.L.**



**FILED**  
 Received: **07 MAR 15 AM 9:49** Post By: **AP.**  
 Paid: \_\_\_\_\_ GL #: \_\_\_\_\_  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
**1001 BRICKELL BAY DRIVE  
 SUITE 2002  
 MIAMI, FL 33131 US**

Mailing Address  
**1001 BRICKELL BAY DRIVE  
 SUITE 2002  
 MIAMI, FL 33131 US**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01232007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**FUERST, MITCHELL S  
 1001 BRICKELL BAY DRIVE  
 SUITE 2002  
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
 Due by May 1, 2007**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FUERST, MITCHELL S 1001 BRICKELL BAY DRIVE SUITE 2002 MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUMPHREY, CHRISTINE M 1001 BRICKELL BAY DRIVE SUITE 2002 MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ITTLEMAN, ANDREW S 1001 BRICKELL BAY DRIVE SUITE 2002 MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>87320</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800094857178 03/27/07--01033--013 **350.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 600, Florida Statutes.

**SIGNATURE: MITCHELL S. FUERST**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/30/07 (305)350-5690**  
 Date Daytime Phone #