

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90074 031 ***138.75

60045770



07252008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000007556 1. Entity Name LAW OFFICES OF HAMMEL & KAPLAN, P.L.					
Principal Place of Business 1861 N. FEDERAL HIGHWAY, SUITE 151 HOLLYWOOD, FL 33020			Mailing Address 1861 N. FEDERAL HIGHWAY, SUITE 151 HOLLYWOOD, FL 33020		
2. Principal Place of Business - No P.O. Box # 1040 BAYVIEW DR #516		3. Mailing Address 1040 BAYVIEW DR #516			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State FT. LAUD FL		City & State FT. LAUD FL		4. FEI Number 20-8313545	
Zip 33304		Country BROWARD		Applied For <input type="checkbox"/> Not Applicable	
Zip 33304		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMMEL, MARY 1861 N. FEDERAL HIGHWAY, SUITE 151 HOLLYWOOD, FL 33020				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1040 BAYVIEW DR , #516 City FT. LAUD FL Zip Code 33304	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 7-25-08	
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAPLAN, CONSTANCE J 1861 N. FEDERAL HIGHWAY, SUITE 151 HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1040 BAYVIEW DRIVE, #516 Ft. Laud FL 33304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMMEL, MARY E 1861 N. FEDERAL HIGHWAY, SUITE 151 HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1040 Bayview DR., #516 Ft. Laud FL 33304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 608, Florida Statutes.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 7-25-08 Daytime Phone # 954 205-0900		