



**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Sep 08, 2008 8:00 am**  
**Secretary of State**

04-08-2008 90042 027 \*\*\*143.75  
 08-21-2008 90020 038 \*\*\*543.75

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8/

DOCUMENT # <b>L07000098131</b>					
1. Entity Name <b>DEBBIE FISHMAN &amp; JONATHAN COWAN, LLC</b>					
Principal Place of Business <b>3725 S. OCEAN DRIVE SUITE 707 HOLLYWOOD, FL 33019</b>		Mailing Address <b>3725 S. OCEAN DRIVE SUITE 707 HOLLYWOOD, FL 33019</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>26-1195431</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HEIDT, MICHEAL</b> <b>4000 HOLLYWOOD BLVD.</b> <b>SUITE 735</b> <b>SOUTH HOLLYWOOD, FL 33021</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!! FEE IS \$538.75</b> <b>Due by September 12, 2008</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<b>MGM</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jonathan Cowan</b>		NAME		
STREET ADDRESS	<b>3725 S. Ocean Drive apt 707</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>Hollywood, FL 33019</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date: <b>8/4/08</b> Phone: <b>954-458-8998</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, BOARDSMAN, OR AUTHORIZED REPRESENTATIVE					