

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089582

FILED
Apr 19, 2006
Secretary of State

Entity Name: BITNER GOODMAN REAL ESTATE, LLC

Current Principal Place of Business:

5310 N.W. 33RD AVENUE, #218
FT LAUDERDALE, FL 33309

New Principal Place of Business:

5310 N.W. 33RD AVENUE
SUITE 218
FT LAUDERDALE, FL 33309

Current Mailing Address:

5310 N.W. 33RD AVENUE, #218
FT LAUDERDALE, FL 33309

New Mailing Address:

5310 N.W. 33RD AVENUE
SUITE 218
FT LAUDERDALE, FL 33309

FEI Number: 59-3829563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BITNER, GARY E
5310 N.W. 33RD AVENUE, #218
FT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

BITNER, GARY E
5310 N.W. 33RD AVENUE
SUITE 218
FT LAUDERDALE, FL 33309 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:

04/19/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: BITNER, GARY E MGR/PTR
Address: 2495 SE 7TH DRIVE
City-St-Zip: POMPANO BEACH, FL 33062

Title: MGRM () Change (X) Addition
Name: GOODMAN, MICHAEL MGR/PTR
Address: 4100 NE 15TH TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY E. BITNER

MGRM

04/19/2006

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