

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106318

FILED
Jan 11, 2008
Secretary of State

Entity Name: FUERST, HUMPHREY & ITTLEMAN P.L.

Current Principal Place of Business:

1001 BRICKELL BAY DRIVE
SUITE 2002
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

1001 BRICKELL BAY DRIVE
SUITE 2002
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 20-5835374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUERST, MITCHELL S
1001 BRICKELL BAY DRIVE
SUITE 2002
MIAMI, FL 33131 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: MGRM () Delete
Name: FUERST, MITCHELL S
Address: 1001 BRICKELL BAY DRIVE SUITE 2002
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM () Delete
Name: HUMPHREY, CHRISTINE M
Address: 1001 BRICKELL BAY DRIVE SUITE 2002
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM () Delete
Name: ITTLEMAN, ANDREW S
Address: 1001 BRICKELL BAY DRIVE SUITE 2002
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MITCHELL S. FUERST

MGRM

01/11/2008

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