

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111713

Entity Name: KIRSNER ASSOCIATES - T.L., LLC

Current Principal Place of Business:

34 STAR ISLAND
MIAMI BEACH, FL 33139

Current Mailing Address:

5100 TOWN CENTER CIRCLE, SUITE 400
ATTN: MARVIN KIRSNER
BOCA RATON, FL 33486

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KIRSNER, MARVIN A
5100 TOWN CENTER CIRCLE
SUITE 400
BOCA RATON, FL 33486 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name KIRSNER, HARRY M
Address 9190 SUNSET DRIVE
City-State-Zip: MIAMI FL 33173

Title MGR
Name KIRSNER, STEVEN A
Address 912 HIALEAH STREET
City-State-Zip: ROCKLEDGE FL 32955-6109

Title MGR
Name KIRSNER, MARVIN A
Address 5100 TOWN CENTER CIRCLE, SUITE 400
City-State-Zip: BOCA RATON FL 33486

Title MGR
Name GOLDBERG, DIANE KOVENS
Address 11410 S.W. 95TH AVENUE
City-State-Zip: MIAMI FL 33176

Title MGR
Name KIRSNER, RONALD M
Address 221 GNARLED OAKS DRIVE
City-State-Zip: PONTE VEDRA FL 32802

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARVIN A. KIRSNER

MANAGER

01/28/2013

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date