2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001473

FILED Apr 23, 2009 Secretary of State

Entity Name: MICHAEL AND DIANE ROSENBERG FAMILY FOUNDATION, INC

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Current Principal Place of Business:				New Principal Place of Business:		
5580 PETERSON LANE, STE. 250, LB 10 DALLAS, TX 75240				3550 ROYAL PALM AVENUE COCONUT GROVE, FL 331336225		
Current M	ailing Addres	ss:	New I	New Mailing Address:		
5580 PETERSON LANE, STE. 250, LB 10 DALLAS, TX 75240			250	5580 PETERSON LANE 250 DALLAS, TX 75240		
FEI Number:	75-2696894	FEI Number Applied For ()	FEI Number Not	t Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
ROSENBERG, MICHAEL N DR. 3550 ROYAL PALM AVE MIAMI, FL 33133 US			3550 F	ROSENBERG, MICHAEL N DR. 3550 ROYAL PALM AVE COCONUT GROVE, FL 331336225 US		
	named entity e of Florida.	submits this statement for the	purpose of chang	jing its registe	red office or registered agent, or both,	
SIGNATURE: DR. MICHAEL N. ROSENBERG				04/23/2009		
	Electron	nic Signature of Registered Ag	gent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	ROSENBERG, 3550 ROYAL F) Delete MICHAEL N DR. ALM AVE. OVE, FL 33133	Title: Name: Address City-St-		() Change () Addition	
Title: Name: Address: City-St-Zip:	ROSENBERG, 3550 ROYAL F		Title: Name: Address City-St-		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (ROSENBERG, 541 13TH ST A MIAMI BEACH,	PT 6	Title: Name: Address City-St-		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (ROSENBERG, 195 N COCON MIAMI BEACH,	JT LN	Title: Name: Address City-St-	s: 195 N CC	(X) Change () Addition N, ALLISON D CONUT LN EACH, FL 33139	
Title: Name: Address: City-St-Zip:	D (FELDMAN, JUS 195 N COCON MIAMI BEACH,	JT LN	Title: Name: Address City-St-		() Change () Addition	

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 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. MICHAEL N. ROSENBERG PRES 04/23/2009