

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011145

**FILED**  
**Feb 12, 2007**  
**Secretary of State**

**Entity Name:** BARBARA EISENBERG RN, CDE, L.L.C.

**Current Principal Place of Business:**

1435 B S.E. 8TH TERRACE  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

1031 SE 9TH PLACE  
UNIT 2  
CAPE CORAL, FL 33990

**Current Mailing Address:**

1435 B S.E. 8TH TERRACE  
CAPE CORAL, FL 33990

**New Mailing Address:**

1031 SE 9TH PLACE  
UNIT 2  
CAPE CORAL, FL 33990

**FEI Number:** 65-1042898

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EISENBERG, BARBARA  
1435 B S.E. 8TH TERRACE  
CAPE CORAL, FL 33990 US

**Name and Address of New Registered Agent:**

EISENBERG, BARBARA  
1031 SE 9TH PLACE  
UNIT 2  
CAPE CORAL, FL 33990 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:**

02/12/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** EISENBERG, BARBARA  
**Address:** 1435 S.E. 8TH TERR.  
**City-St-Zip:** CAPE CORAL, FL 33990

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** EISENBERG, BARBARA  
**Address:** 1031 SE 9TH PLACE  
**City-St-Zip:** CAPE CORAL, FL 33990

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:** BARBARA EISENBERG

MGR

02/12/2007

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