
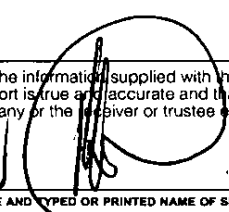
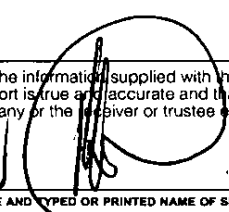
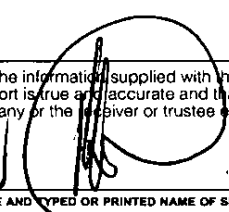


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90032 004 ****50.00

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| DOCUMENT # L00000014030 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Entity Name HERTZ, NEUMARK & WARNER, L.L.C. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 4000 TOWERSIDE TERR #1105 MIAMI, FL 33138 | | | Mailing Address 11450 INTERCHANGE CIRCLE NORTH MIRAMAR, FL 33025 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # 19835 NE 17th AVE | | 3. Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suite, Apt. #, etc. 1705 | | Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State N. Miami Beach FL | | City & State | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 33179 | | Zip | | Country | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 52-2283111 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent STEIN, ERIC P ESQ 913 NORMANDY DR MIAMI BEACH, FL 33141 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NEUMARK, KEVIN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4000 TOWERSIDE TERR #1105</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33138</td> <td></td> </tr> </table> | | | TITLE | MGRM | <input type="checkbox"/> Delete | NAME | NEUMARK, KEVIN | | STREET ADDRESS | 4000 TOWERSIDE TERR #1105 | | CITY - ST - ZIP | MIAMI, FL 33138 | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">19835 NE 17th AVE #1705</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>N Miami Beach FL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>33179</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | 19835 NE 17th AVE #1705 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | N Miami Beach FL | | STREET ADDRESS | 33179 | | CITY - ST - ZIP | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | NEUMARK, KEVIN | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 4000 TOWERSIDE TERR #1105 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TITLE | MGRM | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | NEUMARK, RONALD | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width:100%;"> <tr> <td style="width: 60%;"> SIGNATURE:  </td> <td style="width: 20%;"> Date: 1/27/07 </td> <td style="width: 20%;"> Daytime Phone # </td> </tr> <tr> <td colspan="3" style="font-size: small;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE </td> </tr> </table> | | | | | | SIGNATURE:  | Date: 1/27/07 | Daytime Phone # | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | | | | | | | | | | | | | | | | |
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