

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002853

Entity Name: KIRSCHNER INVESTMENTS, LLC

FILED
Feb 07, 2009
Secretary of State

Current Principal Place of Business:

2005 VAN BUREN ST.
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

2005 VAN BUREN ST.
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 65-1077201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRSCHNER, HENRY D
2005 VAN BUREN STREET
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

KIRSCHNER, HENRY D
2005 VAN BUREN ST.
HOLLYWOOD, FL 33020 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:

02/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KIRSCHNER, KIMBERLY
Address: 2005 VAN BUREN ST
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM () Delete
Name: KIRSCHNER, GREGORY SCOTT
Address: 2005 VAN BUREN ST
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM () Delete
Name: KIRSCHNER, HENRY D
Address: 2005 VAN BUREN ST
City-St-Zip: HOLLYWOOD, FL 33020

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: HENRY D. KIRSCHNER

MGRM

02/07/2009

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