

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005123

**FILED**  
**Mar 23, 2009**  
**Secretary of State**

**Entity Name:** LIGMAN MARTIN, P.L.

**Current Principal Place of Business:**

7241 SW 168TH ST  
A & B  
MIAMI, FL 33157

**New Principal Place of Business:**

15715 SOUTH DIXIE HIGHWAY  
SUITE 319  
MIAMI, FL 33157

**Current Mailing Address:**

7241 SW 168TH ST  
B  
MIAMI, FL 33157

**New Mailing Address:**

15715 SOUTH DIXIE HIGHWAY  
SUITE 319  
MIAMI, FL 33157

**FEI Number:** 65-0408726

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LIGMAN, STEVEN V  
7241 SW 168TH ST  
MIAMI, FL 33157 US

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

LIGMAN, STEVEN V  
15715 SOUTH DIXIE HIGHWAY  
SUITE 312  
MIAMI, FL 33157 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:

03/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LIGMAN, JOSEPH  
Address: 7241 SW 168 ST SUITE B  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LIGMAN, JOSEPH W  
Address: 15715 SOUTH DIXIE HIGHWAY, SUITE 319  
City-St-Zip: MIAMI, FL 33157

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: JOSEPH W. LIGMAN

MGRM

03/23/2009

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