

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000008561

1. Entity Name
WEISER & SONS, LLC



**FILED
Jan 17, 2008 8:00 am
Secretary of State**

01-17-2008 90054 035 ***138.75

60002040



01072008 Chg-LLC CR2E083 (12/06)

Principal Place of Business
3250 MARY STREET, 5TH FLOOR
MIAMI, FL 33133

Mailing Address
3250 MARY STREET, 5TH FLOOR
MIAMI, FL 33133

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
65-1109785

Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHATZ, RICHARD E
150 WEST FLAGLER STREET, SUITE 2200
MIAMI, FL 33130

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME WEISER, SHERWOOD
STREET ADDRESS 3250 MARY ST., #500
CITY-ST-ZIP MIAMI, FL 33133

10.

ADDITIONS/CHANGES

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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STREET ADDRESS
CITY-ST-ZIP

Change Addition

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.

SIGNATURE:

SHERWOOD M. WEISER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/17/2008 305-445-4214

Date Daytime Phone #