

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014597

FILED
Apr 21, 2005
Secretary of State

Entity Name: GOODE, MEDVIN & WEISSMAN, LLC

Current Principal Place of Business:

6330 SW 41ST COURT
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

6330 SW 41ST COURT
DAVIE, FL 33314

New Mailing Address:

FEI Number: 65-1133381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREW L. MANN, P.A.
4300 N. UNIVERSITY DR., #C-203
FT LAUDERDALE, FL 33351 US

Name and Address of New Registered Agent:

MEDVIN, ANDREW R MGR
6330 SW 41 COURT
DAVIE, FL 33314 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: ANDREW R MEDVIN

04/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MEDVIN, ANDREW R
Address: 6330 SW 41 CT
City-St-Zip: DAVIE, FL 33314

Title: MGR () Delete
Name: GOODE, LOWELL
Address: 6330 SW 41 CT
City-St-Zip: DAVIE, FL 33314

Title: MGR () Delete
Name: WEISSMAN, LEE M
Address: 6330 SW 41 CT
City-St-Zip: DAVIE, FL 33314

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 for the exemption stated in Section 119.07(3)(i), 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: ANDREW R MEDVIN

MGR

04/21/2005

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