

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018888

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: FENDLER-LEIBOVITCH, LLC

**Current Principal Place of Business:**

P.O. BOX 14-4262  
CORAL GABLES, FL 331144262

**New Principal Place of Business:**

33 SALAMANCA AVENUE # 12  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX 14-4262  
CORAL GABLES, FL 331144262

**New Mailing Address:**

FEI Number: 65-1151498      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LEIBOVITCH, JACQUES Y  
33 SALAMANCA AVENUE #12  
CORAL GABLES, FL 33134      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LEIBOVITCH, JACQUES Y  
Address: PO BOX 14-4262  
City-St-Zip: CORAL GABLES, FL 331144262

Title: MGR ( ) Delete  
Name: LEIBOVITCH, CAROLE FENDLER  
Address: PO BOX 14-4262  
City-St-Zip: CORAL GABLES, FL 331144262

**ADDITIONS/CHANGES:**

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: JACQUES Y LEIBOVITCH

MGR

04/29/2007

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