

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019469

FILED
Jul 14, 2008
Secretary of State

Entity Name: GOODSTEIN DEVELOPMENT FLORIDA, L.L.C.

Current Principal Place of Business:

C/O THE GOODSTEIN ORGANIZATION
212 EAST 47TH STREET, 3RD FLOOR
NEW YORK, NY 10017

New Principal Place of Business:

Current Mailing Address:

C/O THE GOODSTEIN ORGANIZATION
212 EAST 47TH STREET, 3RD FLOOR
NEW YORK, NY 10017

New Mailing Address:

C/O GOODSTEIN DEVELOPMENT CORP.
220 LAKEVILLE ROAD
LAKE SUCCESS, NY 10022

FEI Number: 65-1158029 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COHEN, SETH I ESQ
2500 N. MILITARY TRAIL
SUITE 111
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

COHEN, SETH I ESQ
5550 GLADES ROAD
SUITE 250
BOCA RATON, FL 33431 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:

07/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOODSTEIN, STEVEN
Address: 212 EAST 47TH STREET, 3RD FLOOR
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOODSTEIN, STEVEN
Address: 220 LAKEVILLE ROAD
City-St-Zip: LAKE SUCCESS, NY 10020

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: STEVEN GOODSTEIN

MR

07/14/2008

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