

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019469

**FILED**  
**Mar 19, 2009**  
**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:**

C/O THE GOODSTEIN ORGANIZATION  
220 LAKEVILLE ROAD  
GREAT NECK, NY 11020

**Current Mailing Address:**

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

**New Mailing Address:**

C/O GOODSTEIN DEVELOPMENT CORP.  
220 LAKEVILLE ROAD  
LAKE SUCCESS, NY 11020

**FEI Number:** 65-1158029

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COHEN, SETH I ESQ  
5550 GLADES ROAD  
SUITE 250  
BOCA RATON, FL 33431 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: MGRM ( ) Delete  
Name: GOODSTEIN, STEVEN  
Address: 220 LAKEVILLE ROAD  
City-St-Zip: LAKE SUCCESS, NY 10020

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GOODSTEIN, STEVEN  
Address: 220 LAKEVILLE ROAD  
City-St-Zip: LAKE SUCCESS, NY 11020

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

MGRM

03/19/2009

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