2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021735

Entity Name: SCHONFELD & SONS, L.L.C.

FILED Apr 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1590 NE 194TH ST. 1590 NE 194TH ST.

N. MIAMI BEACH, FL 33179 1590

N. MIAMI BEACH, FL 33179

Current Mailing Address: New Mailing Address:

PO BOX 630850 1590 NE 194TH ST.

MIAMI, FL 33163 1590

N. MIAMI BEACH, FL 33179

FEI Number: 22-3050110 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

 SCHONFELD, DAVID
 SCHONFELD, DAVID

 1590 NE 194TH ST
 1590 NE 194TH ST

 MIAMI, FL 33179
 US

 1590
 1590

MIAMI, FL 33179 US 1390 MIAMI, FL 33179 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: DAVID SCHONFELD 04/03/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 SCHONFELD, DAVID
 Name:

 Address:
 1590 NE 194TH ST
 Address:

 City-St-Zip:
 MIAMI, FL 33179
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 SCHONFELD, LIZBETH
 Name:

 Address:
 1590 NE 194TH ST
 Address:

 City-St-Zip:
 MIAMI, FL 33179
 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: DAVID SCHONFELD MGR 04/03/2009