


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Jul 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # L02000005305

1. Entity Name
WASSERMAN & WEXLER, LLC



Principal Place of Business
1120 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

Mailing Address
1120 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



07062006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 02-0562074	Applied For Not Applicable
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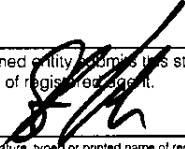
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WEXLER, STEVEN
1120 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

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8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: 7/11/2006

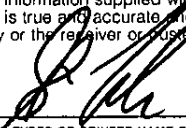
**Filing Fee is \$50.00
Due by September 6, 2006**

U000000570339
07/14/06-80010-004 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WASSERMAN, GARY 1120 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEXLER, STEVEN 1120 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate, and that my 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:  DATE: 7/11/2006 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE