## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000011950

Entity Name: TOCHNER & TOCHNER, LLC

FILED Mar 19, 2009 Secretary of State

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

102 LOST BRIDGE DRIVE 885 FATHOM RD

PALM BEACH GARDENS, FL 33410 NORTH PALM BEACH, FL 33408

Current Mailing Address: New Mailing Address:

102 LOST BRIDGE DRIVE 885 FATHOM RD

PALM BEACH GARDENS, FL 33410 NORTH PALM BEACH, FL 33408

FEI Number: 02-0635196 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

TOCHNER, PAUL MICHAEL

102 LOST BRIDGE DRIVE

TOCHNER, MAX
885 FATHOM RD

PALM BEACH GARDENS, FL 33410 US NORTH PALM BEACH, FL 33408 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: MAX TOCHNER 03/19/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

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

 Name:
 TOCHNER, PAUL MICHAEL
 Name:

 Address:
 102 LOST BRIDGE DRIVE
 Address:

 City-St-Zip:
 PALM BEACH GARDENS, FL 33410
 City-St-Zip:

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

 Name:
 TOCHNER, MAX
 Name:

 Address:
 885 FATHOM RD
 Address:

 City-St-Zip:
 NORTH PALM BEACH, FL 33408
 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: MAX TOCHNER MGRM 03/19/2009