

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 12, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L02000022005**

**1. Entity Name  
POSNER CO., LLC**



**Principal Place of Business**

**10800 BISCAYNE BLVD., SUITE 350  
MIAMI, FL 33161**

**Mailing Address**

**10800 BISCAYNE BLVD., SUITE 350  
MIAMI, FL 33161**



**01032006No Chg-LLC**

**CR2E083 (11/05)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
65-1180443**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**

☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**POSNER, STUART  
10800 BISCAYNE BLVD., SUITE 350  
MIAMI, FL 33161**

**DO NOT WRITE  
IN THIS SPACE**

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when rehashing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE MGR  
NAME POSNER, STEVEN TRUSTEE  
STREET ADDRESS 10800 BISCAYNE BOULEVARD, SUITE 350  
CITY-ST-ZIP MIAMI, FL 33161**

**TITLE MGR  
NAME POSNER, STUART TRUSTEE  
STREET ADDRESS 10800 BISCAYNE BOULEVARD, SUITE 350  
CITY-ST-ZIP MIAMI, FL 33161**

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STREET ADDRESS  
CITY-ST-ZIP**

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IN THIS SPACE**

**11. I hereby certify that the information supplied with this report 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 prepare this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE: Stuart Posner**

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

**01/04/06 (305) 893-1110**

Date

Daytime Phone #