


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000022005 1. Entity Name POSNER CO., LLC	
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Principal Place of Business 10800 BISCAYNE BLVD., SUITE 350 MIAMI, FL 33161	Mailing Address 10800 BISCAYNE BLVD., SUITE 350 MIAMI, FL 33161
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DO NOT WRITE IN THIS SPACE



02092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1180443	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

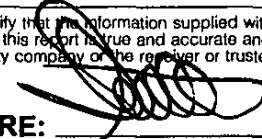
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR POSNER, STEVEN TRUSTEE 10800 BISCAYNE BOULEVARD, SUITE 350 MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR POSNER, STUART TRUSTEE 10800 BISCAYNE BOULEVARD, SUITE 350 MIAMI, FL 33161
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**DO NOT WRITE
IN THIS SPACE**

U00000641217
02/28/07-80098-014 50.00

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:  **Stuart Posner, Trustee** 2/12/07 305-893-1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #