2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000023916

1. Entity Name
MOSKOWITZ & DENNIS, P.L.L.C.

Principal Place of Business	Mailing Address
3111 STIRLING ROAD, SUITE C-303 FT. LAUDERDALE, FL 33312	3111 STIRLING ROAD, SUITE C-303 FT. LAUDERDALE, FL 33312

DO NOT WRITE IN THIS SPACE

04122006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
55-0797812

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MOSKOWITZ, LARRY
3111 STIRLING ROAD, SUITE C-303
FT. LAUDERDALE, FL 33312

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6. 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 reinstating)* DATE

Filing Fee is $50.00
Due by May 1, 2006

000000516182
04/29/06-80236-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MOSKOWITZ, LARRY
STREET ADDRESS	3111 STIRLING ROAD, SUITE C-303
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	MGRM
NAME	DENNIS, KEVIN B
STREET ADDRESS	3111 STIRLING ROAD, SUITE C-303
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #