

FILED
Apr 27, 2006 8:00 am
Secretary of State

DOCUMENT # L02000033502

Mailing Address
825 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33071

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

04062006 Chg-LLC CR2E083 (11/05)

4. FEI Number
13-4235159

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIPNIS TESCHER LIPPMAN & VALINSKY, P.A.
100 N.E. THIRD AVE., STE. 610
FT LAUDERDALE, FL 33301

Name
Leopold Korn G Leopold, P.A.
Street Address (P.O. Box Number is Not Acceptable)
20801 Biscayne Blvd.
Suite 501
City
Aventura FL Zip Code
33180

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, 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**

**Make check payable to
Florida Department of State**

9.	MANAGING MEMBERS/MANAGERS
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10.	ADDITIONS/CHANGES
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TITLE	PS	<input type="checkbox"/> Delete
NAME	PERRY, CRAIG	
STREET ADDRESS	825 CORAL RIDGE DRIVE	
CITY - ST - ZIP	CORAL SPRINGS, FL 33071	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	MARGOLIS, STEPHEN	
STREET ADDRESS	825 CORAL RIDGE DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	T	<input type="checkbox"/> Delete
NAME	STIEGELE, ROBERT	
STREET ADDRESS	825 CORAL RIDGE DRIVE	
CITY - ST - ZIP	CORAL SPRINGS, FL 33071	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Delete
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CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone #