


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90139 030 ***138.75

DOCUMENT # L03000001587	
1. Entity Name USHER, LLC	

Principal Place of Business 365 E. PALMETTO PK. RD BOCA RATON, FL 33432 US	Mailing Address 365 E. PALMETTO PK. RD BOCA RATON, FL 33432 US
--	--

60019917



2. Principal Place of Business - No P.O. Box # 329 WORTH AVE.	3. Mailing Address 329 WORTH AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03182008 Chg-LLC CR2E083 (12/06)

City & State PALM BEACH, FL.	City & State PALM BEACH, FL.
Zip 33480	Country USA
Zip 33480	Country USA

4. FEI Number 04-3745411	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 DOPPELT, STUART 365 E. PALMETTO PARK ROAD BOCA RATON, FL 33432	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOPPELT, STUART		NAME DOPPELT, STUART	
STREET ADDRESS 365 E. PALMETTO PARK RD.		STREET ADDRESS 329 WORTH AVE.	
CITY-ST-ZIP BOCA RATON, FL 33432		CITY-ST-ZIP PALM BEACH, FL. 33480	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **STUART DOPPELT** **4-2-08** **838-1855**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #