

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012003

Entity Name: RAQUEL ROTHMAN, P.L.

FILED  
Apr 09, 2007  
Secretary of State

## Current Principal Place of Business:

2500 E. HALLANDALE BEACH BLVD.  
707-F  
HALLANDALE, FL 33009

## New Principal Place of Business:

2627 NE 203 STREET  
100  
AVENTURA, FL 33180

## Current Mailing Address:

2500 E. HALLANDALE BEACH BLVD.  
707-F  
HALLANDALE, FL 33009

## New Mailing Address:

2627 NE 203 STREET  
100  
AVENTURA, FL 33180

FEI Number: 81-0606711

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROTHMAN, RAQUEL  
2500 E. HALLANDALE BEACH BLVD.  
707-F  
HALLANDALE, FL 33009 US

## Name and Address of New Registered Agent:

ROTHMAN, RAQUEL  
2627 NE 203 STREET  
100  
AVENTURA, FL 33180 US

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.

SIGNATURE: RAQUEL ROTHMAN

04/09/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ROTHMAN, RAQUEL  
Address: 2500 E. HALLANDALE BEACH BLVD., 707-F  
City-St-Zip: HALLANDALE, FL 33009 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ROTHMAN, RAQUEL  
Address: 2627 NE 203 STREET, #100  
City-St-Zip: AVENTURA, FL 33180 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAQUEL ROTHMAN

MGRM

04/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date