

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013391

FILED
Apr 18, 2007
Secretary of State

Entity Name: POLTORACK, SHAFRAN, FALZONE & SHEIN LLC

Current Principal Place of Business:

200 W PALMETTO PARK ROAD
SUITE 301
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

200 W PALMETTO PARK ROAD
SUITE 301
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 14-1879869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLTORACK, RONALD D ESQUIRE
200 WEST PALMETTO PARK ROAD, SUITE 301
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: POLTORACK, RONALD D
Address: 200 W PALMETTO PARK ROAD
City-St-Zip: BOCA RATON, FL 33432

Title: MGR () Delete
Name: SHAFRAN, MILTON P
Address: 401 EAST LAS OLAS BLVD, 14TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR () Delete
Name: FALZONE, TODD R
Address: 8880 LIVINGSTON WAY
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RONALD D. POLTORACK

MGR

04/18/2007

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