

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025872

Entity Name: JOSEPH RESNICK, LLC

FILED  
Apr 19, 2006  
Secretary of State

## Current Principal Place of Business:

2801 N. PALMAIRE DR.  
POMPANO BEACH, FL 33069

## New Principal Place of Business:

## Current Mailing Address:

2801 N. PALMAIRE DR.  
POMPANO BEACH, FL 33069

## New Mailing Address:

FEI Number: 20-0138614

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KALISH, WILLIAM ESQ  
C/O AKERMAN SENTERFITT, WACHOVIA CENTER  
100 SOUTH ASHLEY DR, STE 1500  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

AMERICAN INFORMATION SERVICES, INC.  
401 E. JACKSON STREET, SUITE 1700  
TAMPA, FL 33602 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: DEBORAH L. EVANS

04/19/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: RESNICK, JOSEPH  
Address: 2801 N. PALMAIRE DR.  
City-St-Zip: POMPAÑO BEACH, FL 33069

Title: MGR ( ) Delete  
Name: HERSCHENFELD, PHYLLIS R  
Address: 4421 FIELDSTON RD  
City-St-Zip: BRONX, NY 10471

## ADDITIONS/CHANGES:

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: JOSEPH RESNICK

MGR

04/19/2006

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