


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000026080</b> 1. Entity Name CALLAGHAN GLASSMAN & MARGOLIS, L.L.C.	
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Principal Place of Business 7369 SHERIDAN STREET 201 HOLLYWOOD, FL 33024	Mailing Address 7369 SHERIDAN STREET 201 HOLLYWOOD, FL 33024
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**DO NOT WRITE IN THIS SPACE**



04122008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0103994	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
MARGOLIS, GARY J  
7369 SHERIDAN STREET  
201  
HOLLYWOOD, FL 33024

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLASSMAN, GARY L 7369 SHERIDAN STREET - SUITE 201 HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARGOLIS, GARY J 7369 SHERIDAN STREET - SUITE 201 HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALLAGHAN, ELIZABETH A 7369 SHERIDAN STREET - SUITE 201 HOLLYWOOD, FL 33024
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U000000894362  
04/24/08-80024-012 138.75

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #