2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L03000026080

Entity Name: CALLAGHAN GLASSMAN & MARGOLIS, L.L.C.

Current Principal Place of Business:

7369 SHERIDAN STREET
201
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

7369 SHERIDAN STREET
201
HOLLYWOOD, FL 33024

New Mailing Address:

FEI Number: 20-0103994 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARGOLIS, GARY J
7369 SHERIDAN STREET
201
HOLLYWOOD, FL 33024 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:	GLASSMAN, GARY L	
Address:	7369 SHERIDAN STREET - SUITE 201	
City-St-Zip:	HOLLYWOOD, FL 33024	
Title:	MGR	( ) Delete
Name:	MARGOLIS, GARY J	
Address:	7369 SHERIDAN STREET - SUITE 201	
City-St-Zip:	HOLLYWOOD, FL 33024	
Title:	MGR	( ) Delete
Name:	CALLAGHAN, ELIZABETH A	
Address:	7369 SHERIDAN STREET - SUITE 201	
City-St-Zip:	HOLLYWOOD, FL 33024	

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 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: GARY GLASSMAN MEM 04/20/2009

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