

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 01, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L03000028700**

1. Entity Name

U-REFER REAL ESTATE, LLC



Principal Place of Business

1625 N. COMMERCE PARKWAY, SUITE 105  
WESTON, FL 33326

Mailing Address

1625 N. COMMERCE PARKWAY, SUITE 105  
WESTON, FL 33326



01312006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

02-0705429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOSNOFF, MELVIN N  
1625 N. COMMERCE PARKWAY, SUITE 105  
WESTON, FL 33326

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KOSNOFF, MEL
STREET ADDRESS	2170 COVE LANE
CITY-ST-ZIP	WESTON, FL 33326
TITLE	MGRM
NAME	ABRAHAM, CHARLOTTE
STREET ADDRESS	12542 BROOKWOOD CT.
CITY-ST-ZIP	DAVIE, FL 33330
TITLE	MGRM
NAME	BENIFIELD, BONNIE
STREET ADDRESS	1708 VESTAL DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 #

Mel N. Kosnoff, President 2/1/06 954-358-6000