

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028700

Entity Name: U-REFER REAL ESTATE, LLC

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

2 SOUTH UNIVERSITY DR., SUITE 265
PLANTATION, FL 33324

New Principal Place of Business:

10717 NW 1 STREET
PLANTATION, FL 33324

Current Mailing Address:

2 SOUTH UNIVERSITY DR., SUITE 265
PLANTATION, FL 33324

New Mailing Address:

10717 NW 1 STREET
PLANTATION, FL 33324

FEI Number: 02-0705429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENENFELD, BRUCE J
2 S. UNIVERSITY DR., SUITE 265
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

BENENFELD, BRUCE J
1625 N COMMERCE PARKWAY
SUITE 207
WESTON, FL 33326 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: BRUCE J. BENENFELD

01/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KOSNOFF, MELVIN
Address: 3200 LA ROTONDA #612
City-St-Zip: RANCHO PALOS VERDES, CA 90275

Title: MGRM () Delete
Name: ABRAHAM, CHARLOTTE
Address: 12542 BROOKWOOD CT.
City-St-Zip: DAVIE, FL 33330

Title: MGRM () Delete
Name: BENENFELD, BONNIE
Address: 1708 VESTAL DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: BENENFELD, BONNIE
Address: 16125 EMERALD ESTATES DRIVE
City-St-Zip: WESTON, FL 33331

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: CHARLOTTE ABRAHAM

MGRM

01/14/2009

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