

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90139 048 ***138.75

DOCUMENT # L03000030689



1. Entity Name
CALIFORNIA, LLC

Principal Place of Business
**2385 EXECUTIVE CENTER DRIVE, STE. 270
BOCA RATON, FL 33431**

Mailing Address
**2385 EXECUTIVE CENTER DRIVE, STE. 270
BOCA RATON, FL 33431**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02042008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

84-1633528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEISMAN, WILLIAM S ESQ
2385 EXECUTIVE CENTER DRIVE, STE. 270
BOCA RATON, FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **WEISMAN, WILLIAM S**
STREET ADDRESS **2385 EXECUTIVE CENTER DR SUITE 270**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **WEKMAN, LAURE N**
STREET ADDRESS **2385 EXECUTIVE CENTER DR SUITE 270**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE ☐ Change ☐ Addition
NAME **WEISMAN, LAUREN**
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **MONDEL, DANIEL S**
STREET ADDRESS **7351 WEST PALMETTO PARK RD SUITE 306**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE ☒ Change ☐ Addition
NAME **MANDEL, DANIEL S.**
STREET ADDRESS **7251 W. PALMETTO PARK RD, Suite 306**
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **MAUDEL, AMY**
STREET ADDRESS **7251 WEST PALMETTO PARK RD SUITE 306**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE ☒ Change ☐ Addition
NAME **MANDEL, Amy**
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **HEIMBERG, PAUL**
STREET ADDRESS **1800 CORPORATE BLVD SUITE 102**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **HELMBERG, DENISE**
STREET ADDRESS **2101 CORP BLVD. #300**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE ☒ Change ☐ Addition
NAME **HEIMBERG, Denise**
STREET ADDRESS
CITY-ST-ZIP

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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/14/08

561-241-6326