2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000034814

1. Entity Name
WERTHEIMER REAL ESTATE GROUP, LLC

Principal Place of Business	Mailing Address
1700 SOUTHEAST HILLMOOR DRIVE	1700 SOUTHEAST HILLMOOR DRIVE
PORT ST. LUCIE, FL 34952	PORT ST. LUCIE, FL 34952

DO NOT WRITE IN THIS SPACE

04142008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
51-0486944	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WERTHEIMER, DAVID E M.D.
1700 SOUTHEAST HILLMOOR DRIVE
PORT ST. LUCIE, FL 34952

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

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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	WERTHEIMER, DAVID E M.D.
STREET ADDRESS	1700 SOUTHEAST HILLMOOR DRIVE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _David E. Wertheimer, MD_   04-22-08   772 398 7595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #