

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90065 030 \*\*\*\*50.00

<b>DOCUMENT # L03000048975</b>					
<b>1. Entity Name</b> KOTZEN LEGAL, LLC					
<b>Principal Place of Business</b> 224 DATURA STREET, SUITE 1300 WEST PALM BEACH, FL 33401			<b>Mailing Address</b> 224 DATURA STREET, SUITE 1300 WEST PALM BEACH, FL 33401		
<b>2. Principal Place of Business</b> 809 N. Dixie Hwy. Suite, Apt. #, etc. 2nd Floor		<b>3. Mailing Address</b> 809 N. Dixie Hwy. Suite, Apt. #, etc. 2nd Floor			
City & State West Palm Beach, FL		City & State West Palm Beach, FL		01122006    Chg-LLC    CR2E083 (11/05)	
Zip    Country 33401    US		Zip    Country 33401    US		<b>4. FEI Number</b> 20-0431501	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> SAUERBERG, ERIC M 200 VILLAGE SQUARE CROSSING, SUITE 102 PALM BEACH GARDENS, FL 33401			<b>7. Name and Address of New Registered Agent</b> Name: Jo Ann Barone Kotzen, Esq. Street Address (P.O. Box Number is Not Acceptable): 809 N. Dixie Hwy City: Second Floor City: W Palm Beach    FL    Zip Code: 33401		
<b>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.</b> SIGNATURE: <u>Jo Ann Barone Kotzen, Esq.</u> DATE: <u>2-23-2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOTZEN, JOANN 200 DATURA ST WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr. Kotzen, Jo Ann 809 N. Dixie Hwy., 2nd Floor West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b> SIGNATURE: <u>Jo Ann Barone Kotzen</u> Date: <u>2-23-06</u> Daytime Phone #: <u>561 833 4399</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					