


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 APR 17 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-15-06
200. w

DOCUMENT # L04000006927 1. Entity Name STERBCOW WEISS & ORTIZ, LLC					
Principal Place of Business 350 WEST FLAGLER STREET MIAMI, FL 33130			Mailing Address 350 WEST FLAGLER STREET MIAMI, FL 33130		
2. Principal Place of Business 3187 Royal Road Suite, Apt. #, etc.		3. Mailing Address 3187 Royal Rd Suite, Apt. #, etc.			
City & State Coconut Grove		City & State Coconut Grove		4. FEI Number NOT APPLICABLE	
Zip 33133		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, MATTHEW E 533 VERSAILLES DRIVE, SUITE 100 MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name Caroline Weiss Street Address (P.O. Box Number is Not Acceptable) 3187 Royal Rd City Coconut Grove FL Zip Code 33133	
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 CAROLINE WEISS (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORTIZ, DAMIAN 28 E. JACKSON, BLVD. #10-A847 CHICAGO, IL 60604	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200101773662 05/08/07--01010--005 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEISS, ADEENA 28 E. JACKSON, BLVD. #10-A847 CHICAGO, IL 60604	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200101773662 05/08/07--01010--006 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STERBCOW, MARX D 625 BARONNE STREET NEW ORLEANS, LA 70113	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOORE, MATTHEW 9159 PHILLIPS GROVE TERRACE ORLANDO, FL 32836	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition 06-07	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Demetrius <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 3/6/07 Daytime Phone # 312 483 6700		