2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2009
Secretary of State

DOCUMENT# L04000024338

Entity Name: BOTKO-OKEN-STRAUS, LLC

Current Principal Place of Business:

21374 FALLS RIDGE WAY
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

21374 FALLS RIDGE WAY
BOCA RATON, FL 33428

New Mailing Address:

337 FAIRMONT ROAD
WESTON, FL 33326

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERDIE, AINSLEE R ESQ.
717 PONCE DE LEON BLVD., SUITE 215
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: STRAUS, MARC J
Address: 10329 BUENA VENTURA DRIVE
City-St-Zip: BOCA RATON, FL 33498

Title: MGRM ( ) Delete
Name: BOTKO, SHARON O
Address: 21374 FALLS RIDGE WAY
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES:

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

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

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: MICHAEL OKEN OWNE 01/18/2009

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