

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90076 045 \*\*\*138.75

<b>DOCUMENT # L04000029660</b>					
<b>1. Entity Name</b> TEITELBAUM INVESTORS, LLC					
<b>Principal Place of Business</b> 115 THIRD STREET SOUTH BRADENTON BEACH, FL 34217			<b>Mailing Address</b> 115 THIRD STREET SOUTH BRADENTON BEACH, FL 34217		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> NOT APPLICABLE	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  TEITELBAUM, DAVID 115 THIRD STREET SOUTH BRADENTON BEACH, FL 34217			<b>7. Name and Address of New Registered Agent</b> Name <u>TEITELBAUM, DAVID</u> Street Address (P.O. Box Number is Not Acceptable) <u>115 THIRD STREET SOUTH</u> City <u>BRADENTON</u> FL <u>34217</u>		
<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>DAVID TEITELBAUM</u>		<u>2/13/08</u>	
(Signature required. Printed name of registered agent and title if applicable.)		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to:</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TEITELBAUM, DAVID 115 THIRD ST S BRADENTON BEACH, FL 34217	<input 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		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		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		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		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		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>					
<b>SIGNATURE:</b>		<u>DAVID TEITELBAUM</u>		<u>2/13/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone # <u>941-778-0156</u>	

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