

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034007

**FILED**  
**Apr 13, 2009**  
**Secretary of State**

**Entity Name:** OPPENHEIMER FAMILY LLC

**Current Principal Place of Business:**

9600 WEST SAMPLE ROAD  
300  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

10273 W. SAMPLE ROAD  
CORAL SPRINGS, FL 33065 US

**Current Mailing Address:**

9600 WEST SAMPLE ROAD  
300  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

10273 W. SAMPLE ROAD  
CORAL SPRINGS, FL 33065 US

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

**Name and Address of Current Registered Agent:**

OPPENHEIMER, PETER C  
9600 WEST SAMPLE ROAD  
300  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

OPPENHEIMER, PETER C  
10273 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065 US

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:

04/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: OPPENHEIMER, PETER C  
Address: 9600 W. SAMPLE ROAD , #300  
City-St-Zip: CORAL SPRINGS, FL 33065 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: OPPENHEIMER, PETER C  
Address: 10273 WEST SAMPLE ROAD  
City-St-Zip: CORAL SPRINGS, FL 33065 US

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: PETER C. OPPENHEIMER

MGR

04/13/2009

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