

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063872

Entity Name: CARNER BARZAKAY, LLC

FILED  
Apr 27, 2007  
Secretary of State

**Current Principal Place of Business:**

200 SOUTHEAST 18TH COURT  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

200 SOUTHEAST 18TH COURT  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

FEI Number: 42-1642572

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARNER, ALAN L  
200 SOUTHEAST 18TH COURT  
FORT LAUDERDALE, FL 33316 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: ALAN L. CARNER, P.A.,  
Address: 1329 FUNSTON STREET  
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGRM ( ) Delete  
Name: THE FLORIDA PERSONAL, INJURY LAW CENTER, LLC  
Address: 200 SOUTHEAST 18TH COURT  
City-St-Zip: FORT LAUDERDALE, FL 33316

**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: ALAN L. CARNER

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04/27/2007

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