

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080524

FILED  
Sep 14, 2007  
Secretary of State

**Entity Name:** WALDMAN SCHMOLL BROKERAGE LLC

**Current Principal Place of Business:**

8493 TANSY DRIVE  
ORLANDO, FL 32819

**New Principal Place of Business:**

10072 SW 183RD CT  
DUNNELLON, FL 34432

**Current Mailing Address:**

8493 TANSY DRIVE  
ORLANDO, FL 32819

**New Mailing Address:**

10072 SW 183RD CT  
DUNNELLON, FL 34432

FEI Number: 03-0550264      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

WALDMAN, MARY  
8493 TANSY DRIVE  
ORLANDO, FL 32819      US

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

WALDMAN, MARY  
10072 SW 183RD CT  
DUNNELLON, FL 34432      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: MARY WALDMAN

09/14/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: WALDMAN, MARY  
Address: 8493 TANSY DRIVE  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: WALDMAN, MARY  
Address: 10072 SW 183RD CT  
City-St-Zip: DUNNELLON, FL 34432

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: MARY WALDMAN

MGR

09/14/2007

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