

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092725

FILED
Apr 29, 2008
Secretary of State

Entity Name: MY FIRST HOUSE FLORIDA LLC

Current Principal Place of Business:

400 E 54TH ST
11A
NEW YORK, NY 10022

New Principal Place of Business:

Current Mailing Address:

400 E 54TH STREET
11A
NEW YORK, NY 10022

New Mailing Address:

FEI Number: 20-2061789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERLMAN, YEVOLI & ALBRIGHT, PI
1500 N FED HWY STE 250
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

PERLMAN, YEVOLI & ALBRIGHT, PI
200 SOUTH ANDREWS AVENUE,
STE 600
FORT LAUDERDALE, FL 33301 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:

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARSHALL, HOWARD DDS
Address: 400 E 54TH ST 11A
City-St-Zip: NEW YORK, NY 10022

Title: MGRM () Delete
Name: SHEMIN, ROBERT
Address: 400 E 54TH ST 11A
City-St-Zip: NEW YORK, NY 10022

Title: MGRM () Delete
Name: HILLMAN, RON
Address: 400 E 54TH ST 11A
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES:

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

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: HOWARD MARSHALL

MGRM

04/29/2008

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