

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002736

Entity Name: MOOGOTZ FL, LLC

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

300 SW 1ST AVE SUITE 139
FT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

300 SW 1ST AVE
SUITE 139
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 06-1738219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EHRENBERG, HOWARD
7671 VINISTE DR.
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

EHRENBERG, HOWARD
4250 GALT OCEAN DR.
9C
FORT LAUDERDALE, FL 33308 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: HOWARD EHRENBERG

01/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EHRENBERG, HOWARD
Address: 7671 VINISTE DR.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGR () Delete
Name: EHRENBERG, MICHELLE
Address: 7671 VINISTE DR.
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EHRENBERG, HOWARD
Address: 4250 GALT OCEAN DR
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGR (X) Change () Addition
Name: EHRENBERG, MICHELLE
Address: 4250 GALT OCEAN DR
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the 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 EHRENBERG

MGR

01/08/2007

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