2006 LIMITED LIABILITY-GOMPANY ANNUAL REPORT (AR)

de

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE

Mar 06, 2006 8:00 am Secretary of State **DOCUMENT # L05000005249** 01-13-2006 90038 020 ****50.00 1. Entity Name WALDMAN FAMILY INVESTMENTS, LLC Principal Place of Business Mailing Address 38 NORTHWOODS LANE BOYNTON BEACH FL 33436 38 NORTHWOODS LANE BOYNTON BEACH FL 33436 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEt Number Applied For 22-2295254 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALDMAN, JACK J. 🐣 Street Address (P.O. Box Number is Not Acceptable) 38 NORTHWOODS LANE BOYNTON BEACH FL 33436 Zip Code 8. The above named entity-explorits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGRM Collete TITLE Change ■ Addition NAME WALDMAN, JACK J NAME STREET ADDRESS STREET ADDRESS 38 NORTHWOODS LANE CITY-ST-ZIP **BOYNTON BEACH FL 33436** CITY-ST-ZIP UNF MGRM Delete TITLE ☐ Change ■ Addition NAME WALDMAN, ANITA NAME STREET ADDRESS 38 NORTHWOODS LANE STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33436** CITY-SI-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIN F ☐ Delete TITLE ☐ Change ■ Addition MAME NASSE STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE TITLE Delcte Change Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-SI-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that if am a managing member or manager of the limited fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2006

WALDMAN FAMILY INVESTMENTS, LLC 38 NORTHWOODS LANE BOYNTON BEACH, FL 33436 US

Subject: WALDMAN FAMILY INVESTMENTS, LLC

L05000005249

Reference Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH ANNUAL REPORTS SECTION



ATTACHMENT 3000 1849

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 18, 2006

WALDMAN FAMILY INVESTMENTS, LLC 38 NORTHWOODS LANE BOYNTON BEACH, FL 33436 US

Subject: WALDMAN FAMILY INVESTMENTS, LLC

-- Reference Number:

L05000005249

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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