


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90203 047 ****50.00

DOCUMENT # L05000005517 1. Entity Name 2109 FLORIDIAN, LLC	
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Principal Place of Business 7571 MANDARIN DRIVE BOCA RATON, FL 33433	Mailing Address 7571 MANDARIN DRIVE BOCA RATON, FL 33433
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2. Principal Place of Business <i>AS ABOVE</i>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01062006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent BADACH, FRANK J 6070 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33487	
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7. Name and Address of New Registered Agent	
Name <i>JEROME L. ENGERMAN</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>7571 MANDARIN DR.</i>	
City <i>BOCA RATON</i>	FL Zip Code <i>33433</i>

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jerome L. Engerman* DATE *3/1/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENGERMAN, JEROME 7571 MANDARIN DRIVE BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: *Jerome L. Engerman* DATE *3/1/06* DAYTIME PHONE # *561-483-8478*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE