

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018081

FILED
Feb 20, 2006
Secretary of State

Entity Name: ROTHMAN WESTPORT, LLC

Current Principal Place of Business:

1529 POST ROAD EAST
WESTPORT, CT 06880 US

New Principal Place of Business:

Current Mailing Address:

7500 E. HALLANDALE BEACH BLVD.
707-F
HALLANDALE, FL 33009 US

New Mailing Address:

2500 E. HALLANDALE BEACH BLVD.
707-F
HALLANDALE, FL 33009 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAQUEL ROTHMAN, P.L.
2500 E. HALLANDALE BEACH BLVD.
707-F
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROTHMAN, DAVID
Address: 15060 SW 132 AVENUE
City-St-Zip: MIAMI, FL 33186 US

Title: MGRM () Delete
Name: ROTHMAN, RAQUEL
Address: 21017 NE 34 PLACE
City-St-Zip: AVENTURA, FL 33180 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DAVID ROTHMAN LIVING, TRUST
Address: 15060 SW 132 AVENUE
City-St-Zip: MIAMI, FL 33186 US

Title: MGRM (X) Change () Addition
Name: RAQUEL ROTHMAN, AS T, RUSTEE
Address: 21150 N.E. 38 AVE., #2806
City-St-Zip: AVENTURA, FL 33180 US

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: RAQUEL ROTHMAN MGRM 02/20/2006

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