

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000026793

1. Entity Name
GOTTLIEB FINANCIAL SERVICES, LLC



Principal Place of Business
4932 SUNBEAM ROAD, SUITE 100
JACKSONVILLE, FL 32257

Mailing Address
4932 SUNBEAM ROAD, SUITE 100
JACKSONVILLE, FL 32257



01302007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0109104	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHORSTEIN, MARK CPA
8265 BAYBERRY ROAD
JACKSONVILLE, FL 32256

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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 _____ DATE _____
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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GOTTLIEB, MELVIN 4932 SUNBEAM ROAD JACKSONVILLE, FL 32257
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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: *Melvin Gottlieb* **MELVIN GOTTLIEB** 2/1/07 (904)346-3088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #