

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028413

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: FIRSTPATH, LLC

## Current Principal Place of Business:

5601 N DIXIE HWY  
404  
FORT LAUDERDALE, FL 33334

## New Principal Place of Business:

3141 W. MCNAB ROAD  
POMPAÑO BEACH, FL 33069

## Current Mailing Address:

1250 N.W. 122ND AVENUE  
PLANTATION, FL 33323

## New Mailing Address:

3141 W. MCNAB ROAD  
POMPAÑO BEACH, FL 33069

FEI Number: 20-2638089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COHEN, JEFFREY L  
54 N.E. FOURTH AVENUE  
DELRAY BEACH, FL 33483 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: PS ( ) Delete  
Name: GIFFLER, RONALD F  
Address: 1258 NW 122 AVE  
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: VPT ( ) Delete  
Name: REINEKE, FRED W  
Address: 230 NURMI DR  
City-St-Zip: FORT LAUDERDALE, FL 33301

## ADDITIONS/CHANGES:

Title: PS (X) Change ( ) Addition  
Name: GIFFLER, RONALD F  
Address: 1250 NW 122 AVE  
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RONALD F. GIFFLER

PS

01/14/2009

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