## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT DOCUMENT # L05000029980 BRENTWOOD PATH, LLC** Principal Place of Business Mailing Address 2510 BLOSSOM LANE 2510 BLOSSOM LANE BEACHWOOD, OH 44122 US BEACHWOOD, OH 44122 US DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

SEGAL, WILLIAM J PA 20801 BISCAYNE BOULEVARD

AVENTURA, FL 33180

## **FILED** Apr 23, 2007 8:00 am Secretary of State

04-23-2007 90356 033 \*\*\*\*50.00



01212007 No Chg-LLC CR2E083 (11/05)

Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired 

Fee Required

## DO NOT WRITE IN THIS SPACE

	· ·			
	named entity submits this statement for the purpose of changinions of registered agent.	g its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstating)  UATE		
Fi	lling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GEFEN FLORIDA, LLC 2510 BLOSSOM LANE BEACHWOOD, OH 44122			
THLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
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TITLE NAME STREET ADDRESS CITY+ST-ZIP				
11. Learnly certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutas. I further certify that the information				

Thereby Certify that the miorination supplied with this liting does not quality 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:	Jeffrey Pollack	1/28/07	
N I	ING MANAGING MEMBEN, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #