


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

04-23-2007 90356 045 \*\*\*\*50.00

<b>DOCUMENT # L05000030430</b> 1. Entity Name GEFEN FLORIDA, LLC	
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Principal Place of Business 2510 BLOSSOM LANE BEACHWOOD, OH 44122 US	Mailing Address 2510 BLOSSOM LANE BEACHWOOD, OH 44122 US
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**DO NOT WRITE IN THIS SPACE**

4001900-

01212007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2576796	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

SEGAL, WILLIAM J P.A.  
20801 BISCAYNE BOULEVARD  
304  
AVENTURA, FL 33180

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR POLLACK, JEFFREY 2510 BLOSSOM LANE BEACHWOOD, OH 44122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR POLLACK, NATHAN 2510 BLOSSOM LANE BEACHWOOD, OH 44122
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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:** Jeffrey Pollack 1/28/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #