


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

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

DOCUMENT # L05000030430 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



01212007 No Chg-LLC CR2E083 (11/05)

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

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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 Date: 1/28/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Daytime Phone #