


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000030430**

1. Entity Name  
**GEFEN FLORIDA, LLC**



Principal Place of Business <b>2510 BLOSSOM LANE          BEACHWOOD, OH 44122 US</b>	Mailing Address <b>2510 BLOSSOM LANE          BEACHWOOD, OH 44122 US</b>
---	---

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-LLC      CR2E083 (12/07)

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

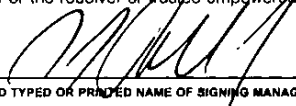
9. MANAGING MEMBERS/MANAGERS

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000789328  
 01/22/08-00021-004 138.75

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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: **1.9.08** Daytime Phone # \_\_\_\_\_