

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jul 26, 2007 08:00 AM
Secretary of State**

DOCUMENT # L0500004\$309

1. Entity Name
TOLEMAN & ASSOCIATES, LLC



Principal Place of Business
**2972 DEER CREEK CC. CC. BLVD.
DEERFIELD BEACH, FL 33442 US**

Mailing Address
**2972 DEER CREEK CC. CC. BLVD.
DEERFIELD BEACH, FL 33442 US**



07202007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2459596

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**TOLEMAN, STUART C
2972 DEER CREEK C. C. BLVD.
DEERFIELD BEACH, FL 33442**

**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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
TOLEMAN, STUART C
2972 DEER CREEK C. CC. BLVD.
DEERFIELD BEACH, FL 33442**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GOODWILL, WILLIAM P
3055 CENTER AVENUE
FORT LAUDERDALE, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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CITY - ST - ZIP

U00000770558
07/26/07-80002-016 55.00

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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: *Stuart C. Tolman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/22/07

Date

954-428-6098

Daytime Phone #