

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055550

FILED  
Apr 10, 2008  
Secretary of State

Entity Name: PACHTMAN & PARTNERS, LLC

**Current Principal Place of Business:**

16651 WESTWOOD LANE  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

16651 WESTWOOD LANE  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 03-0562782      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PACHTMAN, DAVID  
16651 WESTWOOD LANE  
WESTON, FL 33326      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PACHTMAN, DAVID  
Address: 16651 WESTWOOD LANE  
City-St-Zip: WESTON, FL 33326

Title: MGRM ( ) Delete  
Name: GOLDBERG, IRA  
Address: 15501 CARRIAGE COURT  
City-St-Zip: DAVIE, FL 33331

Title: MGRM ( ) Delete  
Name: LUPARI, CHARLES  
Address: 15050 SOUTHWEST 10TH STREET  
City-St-Zip: SUNRISE, FL 33326

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID PACHTMAN

MGRM

04/10/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date