

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055863

FILED
Apr 13, 2006
Secretary of State

Entity Name: WASSERSTROM WEINREB & WEALCATCH PL

Current Principal Place of Business:

1909 TYLER STREET
PENTHOUSE
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

1909 TYLER STREET
PENTHOUSE
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WASSERSTROM, KEITH
1909 TYLER STREET
PENTHOUSE
HOLLYWOOD, FL FL 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: WASSERSTROM, KEITH
Address: 1909 TYLER STREET - PENTHOUSE
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM () Delete
Name: WEINREB, DVORA M
Address: 1909 TYLER STREET - PENTHOUSE
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM () Delete
Name: WEALCATCH, MATTHEW B
Address: 1909 TYLER STREET - PENTHOUSE
City-St-Zip: HOLLYWOOD, FL 33020

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 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: KEITH WASSERSTROM MGRM 04/13/2006

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