

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000073187

1. Entity Name
ERNESTO J. KUPERMAN, LLC



**FILED
Apr 07, 2008 8:00 am
Secretary of State**

04-07-2008 90239 017 ***143.75

60020769



01142008 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGR
NAME KUPERMAN, ERNESTO J
STREET ADDRESS 10390 N.W. 48TH STREET
CITY-ST-ZIP DORAL, FL 33178

TITLE MGR
NAME VANDENBERG, KAREN W.
STREET ADDRESS 1299 N UNIVERSITY DR.
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE MGR
NAME VANDENBERG, KAREN W
STREET ADDRESS 39 W. 349 HEMLOCK DRIVE
CITY-ST-ZIP ST. CHARLES, IL 60175

TITLE MGR
NAME VANDENBERG, KAREN W.
STREET ADDRESS 1299 N UNIVERSITY DR.
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-26-08

313 402 0652

Date

Daytime Phone #