2008 LIMITED LIABILITY COMPA ANNUAL REPORT	FILED Mar 24, 2008 8:00 am Secretary of State
DOCUMENT # L05000074336 1. Entity Name ROTHSTEIN REAL ESTATE, LLC	03-24-2008 90239 010 ***138.75
Principal Place of Business Mailing Address 1939 RIVER ROAD P.O. BOX 41285 JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 32203	
DO NOT WRITE IN THIS SPAC	01042008No Chg-LLC CR2E083 (12/07)
6. Name and Address of Current Registered Agent SMALL BUSINESS ASSOCIATES, INC. 4070 HERSCHEL STREET SUITE 1 JACKSONVILLE, FL 32210	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 DOML POWSFUL DIAVE POHSFUL 03 - 09 -07 Signature. Typed or printed name of registered agent and tile if applicable. (NOTE: Registered Agent agents required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	
9. MANAGING MEMBERS/MANAGERS IITLE MGR ROTHSTEIN, MITCHELLS / SOME ROHSHUM STREET ADDRESS 1939 RIVER ROAD CITY-ST-ZIP JACKSONVILLE, FL 32207 IITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
INILE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exindicated on this report is true and accurate and that my signature shall have the same descurate and that my signature shall have the same descurate and that my signature shall have the same descurate and that my signature shall have the same descurate and that my signature shall have the same descurate and that my signature shall have the same descurate and that my signature shall have the same descurate and that my signature shall have the same descurate and that my signature shall have the same descurate and the same descurate and that my signature shall have the same descurate and the same descurate and that my signature shall have the same descurate and the same descurate a	remptions contained in Chapter 119, Florida Statutes. I further certify that the information ne legal effect as if made under oath; that I am a managing member or manager of the
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZ	as required by Chapter 608, Florida Statutes.