

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081025

FILED
Jan 04, 2008
Secretary of State

Entity Name: BRADLEY WEITZ LC

Current Principal Place of Business:

C/O BEN-ZION B. WEITZ, ESQ.
18305 BISCAYNE BLVD. SUITE 214
AVENTURA, FL 33160

New Principal Place of Business:

18305 BISCAYNE BOULEVARD
SUITE 214
AVENTURA, FL 33160

Current Mailing Address:

C/O BEN-ZION B. WEITZ, ESQ.
18305 BISCAYNE BLVD. SUITE 214
AVENTURA, FL 33160

New Mailing Address:

C/O BEN-ZION B. WEITZ, ESQ.
18305 BISCAYNE BLVD., SUITE 214
AVENTURA, FL 33160

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

Name and Address of Current Registered Agent:

WEITZ, BEN-ZION B ESQ.
20801 BISCAYNE BLVD.
SUITE 403
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

WEITZ, BEN-ZION B ESQ.
18305 BISCAYNE BOULEVARD
SUITE 214
AVENTURA, FL 33160 US

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: BEN-ZION BRADLEY WEITZ

01/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WEITZ, BEN-ZION B
Address: C/O BEN-ZION B. WEITZ, 18305 BISCAYNE BLVD
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WEITZ, BEN-ZION B
Address: 18305 BISCAYNE BLVD., SUITE 214
City-St-Zip: AVENTURA, FL 33160

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: BEN-ZION BRADLEY WEITZ

MGRM

01/04/2008

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