2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

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Entity Name: 3 BEST FRIENDS AND A LAWYER, L.L.C.

Current Principal Place of Business:

20801 BISCAYNE BLVD., SUITE 304
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

20801 BISCAYNE BLVD., SUITE 304
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 20-3588895 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEGAL, WILLIAM J
20801 BISCAYNE BLVD., SUITE 304
AVENTURA, FL 33180 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:	BRACCO, DENISE	
Address:	1965 S. OCEAN DRIVE PH G	
City-St-Zip:	HALLANDALE, FL 33009	
Title:	MGRM	( ) Delete
Name:	BRACCO, JOHN	
Address:	1965 S. OCEAN DRIVE PH G	
City-St-Zip:	HALLANDALE, FL 33009	
Title:	MGRM	( ) Delete
Name:	SEGAL, WILLIAM	
Address:	20801 BISCAYNE BLVD. #304	
City-St-Zip:	AVENTURA, FL 33180	
Title:	MGRM	( ) Delete
Name:	SEGAL, EILEEN	
Address:	20801 BISCAYNE BLVD. #304	
City-St-Zip:	AVENTURA, FL 33180	
Title:	MGRM	( ) Delete
Name:	ZAMMIT, CHARLES	
Address:	1624 LOWELL AVENUE	
City-St-Zip:	NEW HYDE PARK, NY 11040	
Title:	MGRM	( ) Delete
Name:	ZAMMIT, LINDA	
Address:	1624 LOWELL AVENUE	
City-St-Zip:	NEW HYDE PARK, NY 11040	

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:	
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: DENISE BRACCO MGRM 04/18/2008

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