

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021204

FILED  
Jun 25, 2009  
Secretary of State

**Entity Name:** DEBORAH, LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

1900 SUNSET HARBOUR DR.  
SUITE 903  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1900 SUNSET HARBOUR DR.  
SUITE 903  
MIAMI BEACH, FL 33139

**New Mailing Address:**

12901 SW 132 AVE  
MIAMI, FL 33186

**FEI Number:** 20-8131908      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FRANK, DAVID  
1900 SUNSET HARBOUR DR.  
SUITE 903  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

SHENKMAN, PHILIP  
12901 SW 132 AVENUE  
MIAMI, FL 33186 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: PHILIP SHENKMAN

06/25/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FRANK DAVID,  
Address: 1900 SUNSET HARBOUR DR. SUITE 903  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES:**

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: DAVID FRANK

P

06/25/2009

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