

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032518

Entity Name: HABALI & ASSOCIATES, LLC

FILED  
Jan 20, 2009  
Secretary of State

**Current Principal Place of Business:**

401 E. LAS OLAS BLVD  
1400  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

401 E. LAS OLAS BLVD  
1400  
FORT LAUDERDALE, FL 33304

**New Mailing Address:**

FEI Number: 20-4582047

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HABALI, JASON M  
830 N. VICTORIA PARK ROAD  
FORT LAUDERDALE, FL 33304 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: HABALI, JASON M  
Address: 830 N. VICTORIA PARK ROAD  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGR ( ) Delete  
Name: SEIDLER, OLIVER  
Address: 1212 S.E. 2ND COURT, #301  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: BRODY, ADAM  
Address: 8759 GRAPEVIEW BLVD  
City-St-Zip: LOXAHATCHEE, FL 33470

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: JASON HABALI

MGMR

01/20/2009

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