

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049799

FILED
Feb 21, 2008
Secretary of State

Entity Name: SLESNICK AND COMPANY, LLC

Current Principal Place of Business:

2701 PONCE DE LEON BLVD SUITE 200A
CORAL GABLES, FL 33134

New Principal Place of Business:

2701 PONCE DE LEON BLVD
SUITE 200
CORAL GABLES, FL 33134 US

Current Mailing Address:

2701 PONCE DE LEON BLVD SUITE 200A
CORAL GABLES, FL 33134

New Mailing Address:

2701 PONCE DE LEON BLVD
SUITE 200
CORAL GABLES, FL 33134 US

FEI Number: 20-5161428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASEY, JAMES C ESQ
2701 PONCE DE LEON BLVD SUITE 200A
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CASEY, JAMES C ESQ
2701 PONCE DE LEON BLVD
SUITE 200
CORAL GABLES, FL 33134 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: JAMES C CASEY

02/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SLESNICK, JEANNETT B
Address: 2701 PONCE DE LEON BLVD SUITE 200A
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SLESNICK, JEANNETT B
Address: 2701 PONCE DE LEON BLVD SUITE 200
City-St-Zip: CORAL GABLES, FL 33134 US

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: JEANNETT B. SLESNICK

MGR

02/21/2008

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