## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000103079

City-St-Zip:

BOCA RATON, FL 33431

Entity Name: SCHWARTZ, RESNICK & DAVIDOFF, PLLC

FILED Apr 03, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
235 LINCC SUITE 310				
MIAMI BEA	ACH, FL 33139			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
235 LINCC SUITE 310 MIAMI BEA				
FEI Number:	FEI Number Applied For ( )	FEI Number Not Applicable (X)	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
235 LINCC SUITE 310 MIAMI BEA The above	) ACH, FL 33139 US named entity submits this statement for the of Florida.	e purpose of changing its registere	d office or registered agent, or both	
Electronic Signature of Registered Agent		Agent	Date	
MANAGING I	MEMBERS/MANAGERS:	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR ( ) Delete DAVIDOFF, JONATHAN M 116 WEST 23RD STREET, SUITE 500 NEW YORK, NY 10011	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MGR ( ) Delete RESNICK, AARON 1900 SUNSET HARBOUR DRIVE, UNIT 1003 MIAMI BEACH, FL 33139	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	MGR ( ) Delete SCHWARTZ, DEREK 2385 EXECUTIVE CENTER DRIVE, UNIT 190	Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: AARON R RESNICK 04/03/2009