

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105195

Entity Name: FEINSTEIN & NEGRONI, PL

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

7501 N.W. 4TH STREET
SUITE 104
PLANTATION, FL 33317

Current Mailing Address:

7501 N.W. 4TH STREET
SUITE 104
PLANTATION, FL 33317

New Principal Place of Business:

7501 N.W. 4TH STREET
SUITE 208
PLANTATION, FL 33317

New Mailing Address:

7501 N.W. 4TH STREET
SUITE 208
PLANTATION, FL 33317

FEI Number: 20-5787922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSE A. NEGRONI
2528 SW 14TH AVENUE
SUITE 1001
FORT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

NEGRONI, JOSE A
2528 SW 14TH AVENUE
SUITE 1001
FORT LAUDERDALE, FL 33315 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: JOSE A. NEGRONI

01/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FEINSTEIN, STACY L
Address: 3822 EAGLE COURT
City-St-Zip: WESTON, FL 33331

Title: MGRM () Delete
Name: NEGRONI, JOSE A
Address: 2528 SW 14TH AVENUE, SUITE 1001
City-St-Zip: FORT LAUDERDALE, FL 33315

ADDITIONS/CHANGES:

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: STACY L. FEINSTEIN

MGRM

01/07/2008

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