

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119755

FILED  
May 01, 2007  
Secretary of State

Entity Name: ZUCKERMAN PR GROUP, LLC

**Current Principal Place of Business:**

6131 LYONS ROAD  
SUITE 200  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

6131 LYONS ROAD  
SUITE 200  
COCONUT CREEK, FL 33073

**New Mailing Address:**

FEI Number: 84-1721612      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:**

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

ZUCKERMAN, LAURIE E  
6131 LYONS ROAD  
SUITE 200  
COCONUT CREEK, FL 33073 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ZUCKERMAN, LAURIE E  
Address: 6131 LYONS ROAD, SUITE 200  
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM ( ) Delete  
Name: ZUCKERMAN, RYAN  
Address: 6131 LYONS ROAD, SUITE 200  
City-St-Zip: COCONUT CREEK, FL 33073

**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: LAURIE E ZUCKERMAN

MGRM

05/01/2007

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