

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000001780

Entity Name: EVENSKY & KATZ, LLC

FILED  
Jan 11, 2012  
Secretary of State

**Current Principal Place of Business:**

2333 PONCE DE LEON BLVD., P.H., STE. 1100  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2333 PONCE DE LEON BLVD., P.H., STE. 1100  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-8261109

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MULLER, CHARLES E II  
7385 GALLOWAY ROAD, SUITE 200  
MIAMI, FL 33173 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: MGR  
Name: EVENSKY, HAROLD R  
Address: 2333 PONCE DE LEON BLVD., SUITE 1100  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP  
Name: KATZ, DEENA B  
Address: 2333 PONCE DE LEON BLVD., SUITE 1100  
City-St-Zip: CORAL GABLES, FL 33134

Title: T  
Name: BIELOW, MARIA C  
Address: 2333 PONCE DE LEON BLVD., SUITE 1100  
City-St-Zip: CORAL GABLES, FL 33134

Title: S  
Name: JONES, LANE M  
Address: 2333 PONCE DE LEON BLVD., SUITE 1100  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP  
Name: MCGRATH, MATTHEW A  
Address: 2333 PONCE DE LEON BLVD., SUITE 1100  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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: MARIA C. BIELOW

T

01/11/2012

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