


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 29, 2008 8:00 am
Secretary of State

05-05-2008 90030 042 ***138.75

DOCUMENT # L07000068980					
1. Entity Name R. EDELMAN & ASSOCIATES, L.L.C.					
Principal Place of Business 8892 PINEHURST DRIVE SEMINOLE, FL 33777			Mailing Address 8892 PINEHURST DRIVE SEMINOLE, FL 33777		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03272008 Chg-LLC CR2E083 (12/08)	
4. FEI Number 26-0459998				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EDELMAN, ROGER L 8892 PINEHURST DRIVE SEMINOLE, FL 33777			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EDELMAN, ROGER L 8892 PINEHURST DRIVE SEMINOLE, FL 33777	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Roger Edelman</u>			Date: <u>4/29/08</u> Daytime Phone #: <u>727-398-7938</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					