

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 APR 16 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| DOCUMENT # L07000074451 | |
| 1. Entity Name RODRIGUEZ, KINZBRUNNER & CONIGLIO, LLC | |
| Principal Place of Business 4801 SO. UNIVERSITY DRIVE 3090 DAVIE, FL 33328 | Mailing Address 4801 SO. UNIVERSITY DRIVE 3090 DAVIE, FL 33328 |
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |



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| 1776 N. Pine Island Rd. Suite 216 Plantation, FL 33322 | 1776 N. Pine Island Rd. Suite 216 Plantation, FL 33322 |
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03202008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 26-0557844 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent ACCUPAY SERVICES CORP. 4801 SO. UNIVERSITY DRIVE 3090 DAVIE, FL 33328 | 7. Name and Address of New Registered Agent Narr Stre. ACCUPAY SERVICES, INC. 1776 N. Pine Island Rd. Suite 216 City Plantation, FL 33322 Zip Code |
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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 _____

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|--|---|---------------------------------|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MIGUEL J. RODRIGUEZ, P.A. 4801 SO. UNIVERSITY DR., NO. 3090 DAVIE, FL 33328 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MIGUEL J. RODRIGUEZ, PA 1776 N. Pine Island Rd., Ste. 216 Plantation, FL 33322 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DAVID KINZBRUNNER, P.A. 4801 SO. UNIVERSITY DR., NO. 3090 DAVIE, FL 33328 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DAVID KINZBRUNNER, PA 1776 N. Pine Island Rd., Ste. 216 Plantation, FL 33322 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ZENA KINZBRUNNER, P.A. 4801 SO. UNIVERSITY DR., NO. 3090 DAVIE, FL 33328 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ZENA KINZBRUNNER, PA 1776 N. Pine Island Rd., Ste. 216 Plantation, FL 33322 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JOHN A. CONIGLIO, CPA, P.A. 4801 SO. UNIVERSITY DR., NO. 3090 DAVIE, FL 33328 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JOHN A. CONIGLIO, CPA, PA 1776 N. Pine Island Rd., Ste. 216 Plantation, FL 33322 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800124312118 04/18/08--01008--032 **288.75 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *[Signature]* Date: 3-21-01 Daytime Phone #

KS