

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099380

FILED
Apr 30, 2008
Secretary of State

Entity Name: GOLDSTEIN, FULLWOOD & SCIANNI LLC

Current Principal Place of Business:

6245 EAST SLATE STREET
INVERNESS, FL 34452

New Principal Place of Business:

6363 EAST SLATE STREET
INVERNESS, FL 34452

Current Mailing Address:

6245 EAST SLATE STREET
INVERNESS, FL 34452

New Mailing Address:

6363 EAST SLATE STREET
INVERNESS, FL 34452

FEI Number: 26-1154722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCIANNI, LOUIS J
6245 EAST SLATE STREET
INVERNESS, FL 34452 US

Name and Address of New Registered Agent:

SCIANNI, LOUIS J
6363 EAST SLATE STREET
INVERNESS, FL 34452 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: LOUIS J SCIANNI

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCIANNI, LOUIS J
Address: 6245 EAST SLATE STREET
City-St-Zip: INVERNESS, FL 34452

Title: MGRM () Delete
Name: FULLWOOD, EUGENE W
Address: 3525 GRIFFIN ROAD
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: MGRM () Delete
Name: GOLDSTEIN, PAUL E
Address: 3535 GRIFFIN ROAD
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCIANNI, LOUIS J
Address: 6363 EAST SLATE STREET
City-St-Zip: INVERNESS, FL 34452

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: LOUIS J SCIANNI

MGRM

04/30/2008

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