

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000101418

FILED  
May 07, 2009  
Secretary of State

**Entity Name:** ASSETS MANAGEMENT, L.L.C.

**Current Principal Place of Business:**

3370 NE 190ST.  
2610  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

3370 NE 190 STREET  
2610  
AVENTURA, FL 33180

**New Mailing Address:**

3370 NE 190ST.  
2610  
AVENTURA, FL 33180

FEI Number: 26-1459583      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:**

SORSHER, ALEX  
2500-1 N STATE ROAD 7  
HOLLYWOOD, FL 33021      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      ( ) Delete  
Name: ZEVEL, VAL  
Address: 3370 NE 190 STREET STE 2610  
City-St-Zip: AVENTURA, FL 33180

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Change (X) Addition  
Name: KATZ, FAY  
Address: 3370 NE 190STR. #1810  
City-St-Zip: AVENTURA, FL 33180

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: VAL ZEVEL

MGR

05/07/2009

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