2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 30, 2008 8:00 am
Secretary of State

03-31-2008 90264 030 ***138.75

DOCUMENT # L07000112182

1. Entity Name

DONNA & RANDY, LLC

Principal Place of Business	Mailing Address
~~475 NORTHERN BLVD.~~, SUITE. 26 ~~GREAT NECK~~ NY 11021	475 ~~NORTHERN BLVD., SUITE. 26~~ ~~GREAT NECK~~ NY 11021

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
115 Spoonbill Rd.	115 Spoonbill RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Manalapan, FL	City & State: Manalapan, FL
Zip: 33462 Country	Zip: 33462 Country

1st MOORE CR2E083 (10/07)

4. FEI Number: # 26-2036818 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MICHAEL A. DRIBIN, P.A.
2 SOUTH BISCAYNE BLVD., 21ST FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: Donna Schneier
Street Address (P.O. Box Number is Not Acceptable): 115 Spoonbill Rd
City: Manalapan FL Zip Code 33462

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 [signature] 3/13/08
Signature, typed or printed name of registered agent and title if applicable. 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 SCHNEIER, DONNA F 115 SPOONBILL ROAD MANALAPAN FL 33462	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAKOVSKY, RANDY D M.D. 475 NORTHERN BLVD., SUITE. 26 GREAT NECK NY 11021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] 3/13/08 561-202-0137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #