

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000118826

FILED  
Mar 16, 2009  
Secretary of State

Entity Name: CHANGE BEGINS WITH LLC

**Current Principal Place of Business:**

3500 GALT OCEAN DRIVE #2917  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

3500 GALT OCEAN DRIVE #2917  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

FEI Number: 26-1495617

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARBESFELD, BARBARA  
3500 GALT OCEAN DRIVE #2917  
FORT LAUDERDALE, FL 33308 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: MGRM ( ) Delete  
Name: ARBESFELD, BARBARA  
Address: 3500 GALT OCEAN DRIVE #2917  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGRM ( ) Delete  
Name: LERNER, NOLAN  
Address: 11300 SW 22ND COURT  
City-St-Zip: DAVIE, FL 33325

**ADDITIONS/CHANGES:**

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: BARBARA ARBESFELD

MGRM

03/16/2009

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