## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 16, 2008 8:00 am Secretary of State

ANNOAL KEI OKT						Secret	ary or k	uaic
DOCUMENT # L07000123349  1. Entity Name LUDWIG MASTERS LLC							8 90129 001 ***	
Principal Place of Business Mailing Address					1	_		
•		6403 WEST ROGERS CIRCLE			1.6	30	006526	
6403 WEST ROGERS CIRCLE Boca Raton, FL 33487		BOCA RATON, FL 33487			9 .		0000	
DOWN RATION, FE 33467					1911 - 1911 - 1911 - 1911 - 1911 - 1911			
Principal Place of Business - No P.O. Box #     Mailing Address						II <b>ii</b> ii		
Suite, Apt. #. etc.		Suite, Apt. #. etc.			02072008		CR2E083 (12/06)	
City & State		City & State  Zip Country			4. FEI Num	5-08661	->yn	ot Applicable
Zip			Çoum	ıry	1	e of Status Desired	\$5.00 Ad Fee Require	
	6. Name and Address of Current I	(egistered Apent		Name	/. Name or	d Address of New R	edistrian vitant	
FOWIN F	KALMUS & CO., LLC							
ATTN: LEG	ON GALISON	Street Addre		Street Address (	(P.O. Box Num	ber is Not Acceptable	)	
	IT ROGERS CIRCLE TON, FL 33487							
			ļ	City			FL Zip Coo	le
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 Screen, types or printed name of registered agent and lide if applicable. (NOTE. Registered Agent signature regulated when reinstaling)  DATE								
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						Florida	check payable to Department of Stat	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES	
UNI	MGRM	Detete	1111.6				Change	☐ Add tion
NAME	EDWIN F. KALMUS & CO., LLC		HAM	- ŧ				
STREET ADDRESS	6403 W. ROGERS CIRCLE		_	E1 ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33487		4	-S1-ZIP				
TITLE		Delete	ITTLE	4			Change	Addition
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CITY-SI-ZIP				· ST- ZIP				
III/E		☐ Delete	title	Y			Change	Addition
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CITY-ST-ZIP		,	•	-ST-ZIP				
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STREET ADDRESS CITY-ST-ZIP	Ì			FT ADDRESS -S1-ZP				
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TIFLE		Deleta	TITLE .				☐ Change	Addition
NAME STREET ADDRESS	1		NAMA STRE	E Et adoress				1
CITY-ST-ZIP				-SI-ZIP				
	certify that the information supplied with	this filing does not qualify for			in Chapter 11	P. Florida Statutes, I fu	inher certify that the info	rmation
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 it 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.								
		1/2	~ <i>L</i> 1	Colia	nal	WUINS	7 Colall	131/2
SIGNATURE: SIGNATURE ARE TYPED OR PRINTED NAME OF BOOGHO HANAGERIC HANAGER, OR AUTHORIZED REPRESENTATIVE DIES DESCRIPTIONS								