2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# L08000009018

Entity Name: SCOTT M. GOLDBERG, PLLC

Current Principal Place of Business:

6996 PLAZA GRANDE AVENUE, SUITE 309
ORLANDO, FL 32835

New Principal Place of Business:

1000 UNIVERSAL STUDIOS PLAZA
BLDG. 22A, SUITE 206
ORLANDO, FL 32819

Current Mailing Address:

6996 PLAZA GRANDE AVENUE, SUITE 309
ORLANDO, FL 32835

New Mailing Address:

1000 UNIVERSAL STUDIOS PLAZA
BLDG. 22A, SUITE 206
ORLANDO, FL 32819

FEI Number: 26-1841086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLDBERG, SCOTT M ESQ.
6996 PLAZA GRANDE AVENUE, SUITE 305
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

GOLDBERG, SCOTT M ESQ.
1000 UNIVERSAL STUDIOS PLAZA
BLDG. 22A, SUITE 206
ORLANDO, FL 32819 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: SCOTT M. GOLDBERG 04/13/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GOLDBERG, SCOTT M
Address: 6996 PLAZA GRANDE AVENUE, SUITE 309
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GOLDBERG, SCOTT M
Address: 1000 UNIVERSAL STUDIOS PLZ, BLDG. 22A #206
City-St-Zip: ORLANDO, FL 32819

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: SCOTT M. GOLDBERG MGRM 04/13/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date