

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000016946

FILED
Jan 23, 2009
Secretary of State

Entity Name: EDELSTEIN, MAYBERG & SELTZER, P.L.

Current Principal Place of Business:

1111 BRICKELL AVENUE
2050
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

1111 BRICKELL AVENUE
2050
MIAMI, FL 33131

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDELSTEIN, DAVID ESQ.
1111 BRICKELL AVENUE
2050
MIAMI, FL 33133 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: DAVID M. EDELSTEIN,, PA
Address: 1111 BRICKELL AVENUE, SUITE 2050
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM () Delete
Name: MENACHEM M. MAYBERG,, PA
Address: 1111 BRICKELL AVENUE, SUITE 2050
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM () Delete
Name: DAVID S. SELTZER, PA,
Address: 1111 BRICKELL AVENUE, SUITE 2050
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES:

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

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: DAVID SELTZER

MGRM

01/23/2009

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