

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062051

FILED
Jan 09, 2009
Secretary of State

Entity Name: MOSKOWITZ PROPERTY MANAGEMENT, LLC

Current Principal Place of Business:

255 SOUTH ORANGE AVENUE, SUITE 900
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

8849 SILK BAY PLACE
ORLANDO, FL 32827

New Mailing Address:

255 SOUTH ORANGE AVENUE, SUITE 900
ORLANDO, FL 32801

FEI Number: 26-3306836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSKOWITZ, DEBORAH L
255 SOUTH ORANGE AVENUE, SUITE 900
ORLANDO, FL 32801 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: MOSKOWITZ, MARSHA F
Address: 4915 GRAMONT AVE.
City-St-Zip: ORLANDO, FL 32812

Title: MGRM () Delete
Name: MOSKOWITZ, DEBORAH L
Address: 8849 SILK BAY PLACE
City-St-Zip: ORLANDO, FL 32827

Title: MGRM () Delete
Name: MOSKOWITZ, DAVID S
Address: 7312 SOUTH SHAMROCK STREET
City-St-Zip: TAMPA, FL 33616

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: DEBORAH L. MOSKOWITZ

MGRM

01/09/2009

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