

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000065821

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**Entity Name:** SACHS SAX CAPLAN, P.L.

**Current Principal Place of Business:**

6111 BROKEN SOUND PARKWAY NW  
SUITE 200  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

6111 BROKEN SOUND PARKWAY NW, SUITE 200  
SUITE 200  
BOCA RATON, FL 33487

**New Mailing Address:**

6111 BROKEN SOUND PARKWAY NW  
SUITE 200  
BOCA RATON, FL 33487

**FEI Number:** 26-2950872

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SACHS, PETER ESQ.  
6111 BROKEN SOUND PARKWAY NW, SUITE 200  
SUITE 200  
BOCA RATON, FL 33487 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  
Name: SACHS, PETER S  
Address: 6111 BROKEN SOUND PARKWAY NW, SUITE 200  
City-St-Zip: BOCA RATON, FL 33487

I hereby 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: PETER S SACHS

MGR

04/13/2010

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