

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000092007

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: BARNETT GREENBERG, LLC

## Current Principal Place of Business:

235 NE 4TH AVENUE  
SUITE 101  
DELRAY BEACH, FL 33483 US

## New Principal Place of Business:

## Current Mailing Address:

235 NE 4TH AVENUE  
SUITE 101  
DELRAY BEACH, FL 33483 US

## New Mailing Address:

FEI Number: 26-3445002

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 US

## Name and Address of New Registered Agent:

GIOVANNA, KOO  
235 NE 4TH AVENUE  
SUITE 101  
DELRAY BEACH, FL 33483 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: GIOVANNA KOO

01/07/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MAHONEY, DONALD  
Address: 235 NE 4TH AVENUE SUITE 101  
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: MGRM ( ) Delete  
Name: FORD, MARK MORGAN  
Address: 235 NE 4TH AVENUE SUITE 101  
City-St-Zip: DELRAY BEACH, FL 33483 US

## ADDITIONS/CHANGES:

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: MARK M FORD

MGR

01/07/2009

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