

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000107511

FILED  
Apr 19, 2012  
Secretary of State

**Entity Name:** FLORIDA FAMILY LAW CLINIC, LLC

**Current Principal Place of Business:**

401 E LAS OLAS BLVD  
SUITE 130-305  
FT LAUDERDALE, FL 33301

**New Principal Place of Business:**

401 E LAS OLAS BLVD  
SUITE 130-213  
FT LAUDERDALE, FL 33301

**Current Mailing Address:**

401 E LAS OLAS BLVD  
SUITE 130-305  
FT LAUDERDALE, FL 33301

**New Mailing Address:**

401 E LAS OLAS BLVD  
SUITE 130-213  
FT LAUDERDALE, FL 33301

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

ADAMS, GERALD W  
401 E LAS OLAS BLVD  
SUITE 130-305  
FT LAUDERDALE, FL 33301 US

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

ADAMS, GERALD W  
401 E LAS OLAS BLVD  
SUITE 130-196  
FT LAUDERDALE, FL 33301 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: GERALD W ADAMS

04/19/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ADAMS, GERALD W  
Address: 401 E LAS OLAS BLVD, SUITE 130-196  
City-St-Zip: FT LAUDERDALE, FL 33301

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: GERALD W ADAMS

MGR

04/19/2012

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