

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000098755

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Entity Name:** GREENBERG, BAISDEN & PEREZ, LLC

**Current Principal Place of Business:**

4300 N. UNIVERSITY DR., SUITE D106  
LAUDERHILL, FL 33351

**New Principal Place of Business:**

400 N PINE ISLAND RD.  
SUITE 200  
PLANTATION, FL 33324

**Current Mailing Address:**

4300 N. UNIVERSITY DR., SUITE D106  
LAUDERHILL, FL 33351

**New Mailing Address:**

400 N PINE ISLAND RD.  
SUITE 200  
PLANTATION, FL 33324

**FEI Number:** 27-3520276

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREENBERG, JOEL E ESQ.  
4300 N. UNIVERSITY DR  
SUITE D-106  
LAUDERHILL, FL 33351 US

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

GREENBERG, JOEL E ESQ.  
400 N PINE ISLAND RD.  
SUITE 200  
PLANTATION, FL 33324 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: \_\_\_\_\_

01/11/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JOEL E. GREENBERG, P.A.  
Address: 400 N PINE ISLAND RD., SUITE 200  
City-St-Zip: PLANTATION, FL 33324

Title: MGRM  
Name: RANDALL LEE BAISDEN, P.A.  
Address: 400 N PINE ISLAND RD., SUITE 200  
City-St-Zip: PLANTATION, FL 33324

Title: MGRM  
Name: MARIO L. PEREZ, P.A.  
Address: 400 N PINE ISLAND RD., SUITE 200  
City-St-Zip: PLANTATION, FL 33324

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: JOEL E. GREENBERG

MGRM

01/11/2012

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