

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000001351

FILED
Jan 05, 2007
Secretary of State

Entity Name: KUPERSMITH LIMITED COMPANY

Current Principal Place of Business:

% JANIE E. MAURER
500 NE SPANISH RIVER BLVD., #27
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2510 VIRGINIA AVE NW
#706N
WASHINGTON, DC 20037

New Mailing Address:

2510 VIRGINIA AVE NW
#704N
WASHINGTON, DC 20037

FEI Number: 65-0716662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAURER, JANI E
500 NE SPANISH RIVER BLVD., #27
BOCA RATON, FL 33431 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: KUPERSMITH, JOEL
Address: 2510 VIRGINIA AVE NW #706N
City-St-Zip: WASHINGTON, DC 20037

Title: MGRM () Delete
Name: KUPERSMITH, JUDITH
Address: 2510 VIRGINIA AVE NW #706N
City-St-Zip: WASHINGTON, DC 20037

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KUPERSMITH, JOEL
Address: 2510 VIRGINIA AVE NW #704N
City-St-Zip: WASHINGTON, DC 20037

Title: MGRM (X) Change () Addition
Name: KUPERSMITH, JUDITH
Address: 2510 VIRGINIA AVE NW #704N
City-St-Zip: WASHINGTON, DC 20037

I hereby certify that the information supplied with this filing does not qualify for the 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: JOEL KUPERSMITH

MGRM

01/05/2007

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