


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90031 028 ****50.00

| | | | | | |
|--|---|--|---|---|--|
| DOCUMENT # L99000000300 1. Entity Name KOCHMAN & ZISKA PLC | | | |  | |
| Principal Place of Business 222 LAKEVIEW AVENUE SUITE 950 WEST PALM BEACH, FL 33401 | | | Mailing Address 222 LAKEVIEW AVENUE SUITE 950 WEST PALM BEACH, FL 33401 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 02232006 Chg-LLC CR2E083 (11/05) | |
| 4. FEI Number 65-0882234 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent KOCHMAN, RONALD S 222 LAKEVIEW AVENUE SUITE 950 WEST PALM BEACH, FL 33401 ; | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KOCHMAN, RONALD S P.A. 222 LAKEVIEW AVENUE, SUITE 950 WEST PALM BEACH, FL 33401 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BRAUN, KEITH B P.A. 222 LAKEVIEW AVENUE, SUITE 950 WEST PALM BEACH, FL 33401 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ZISKA, MAURA A P.A. 222 LAKEVIEW AVENUE, SUITE 950 WEST PALM BEACH, FL 33401 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  | | | Ronald S. Kochman 3/15/06 (561) 802-8960 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |

ATTACHMENT
20017023
KOCHMAN & ZISKA PLC

Ronald S. Kochman*

Maura A. Ziska

*Also admitted in New York

Esperanté

222 Lakeview Avenue, Suite 950
West Palm Beach, Florida 33401

Telephone: (561) 802-8960

Facsimile: (561) 802-8995

March 15, 2006

Federal Express

Florida Department of State
Division of Corporations
2670 Executive Center Circle, Suite 100
Tallahassee, FL 32301

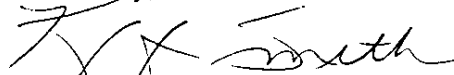
Re: **Kochman & Ziska PLC**
Document #L99000000300

Dear Sir/Madam:

Enclosed is a 2006 Limited Liability Company Annual Report for Kochman & Ziska PLC.
Also enclosed is a check in the amount of \$50 representing the filing fee for this report.

If you have any questions, please call me.

Sincerely,



Kelly J. Smith, CLA
Certified Legal Assistant

Enclosures

38640