

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003537

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** FEDERAL HIGHWAY ASSETS, L.L.C.

**Current Principal Place of Business:**

17401 BRIDLE WAY TRAIL  
BOCA RATON, FL 33496

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 370666  
MIAMI, FL 33137

**New Mailing Address:**

**FEI Number:** 65-0929773

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOTTLIEB, STUART M  
222 LAKEVIEW AVENUE, SUITE 260  
WEST PALM BEACH, FL 33401 US

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

KOEPPPEL, JOEL P  
400 SOUTH AUSTRALIAN AVENUE  
SUITE 300  
WEST PALM BEACH, FL 33401 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: JOEL P. KOEPPPEL

04/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BARNETT, MURRAY  
Address: 17401 BRIDLE WAY TRAIL  
City-St-Zip: BOCA RATON, FL 33496

Title: MGR ( ) Delete  
Name: BARNETT, SYLVIA  
Address: 17401 BRIDGEWAY TRAIL  
City-St-Zip: BOCA RATON, FL 33496

**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: MURRAY BARNETT

MGR

04/09/2009

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