

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004915

FILED
Jan 06, 2006
Secretary of State

Entity Name: FREISTAT & LIEBMAN, CERTIFIED PUBLIC ACCOUNTANTS, L.L.C.

Current Principal Place of Business:

18205 BISCAYNE BLVD SUITE 2226
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

18205 BISCAYNE BLVD SUITE 2226
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 65-0942480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEIN, THEODORE J ESQ
88 NE 168 STREET
NORTH MIAMI BEACH, FL 33162 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: FREISTAT, WARREN CPA
Address: 16211 NE 18 AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM () Delete
Name: LIEBMAN, MARK A CPA
Address: 16211 NE 18 AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FREISTAT, WARREN CPA
Address: 18205 BISCAYNE BLVD. #2226
City-St-Zip: AVENTURA, FL 33160

Title: MGRM (X) Change () Addition
Name: LIEBMAN, MARK A CPA
Address: 18205 BISCAYNE BLVD. #2226
City-St-Zip: AVENTURA, FL 33160

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: WARREN FREISTAT

MGR

01/06/2006

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