


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000007557

1. Entity Name
FLEIT, KAIN, GIBBONS, GUTMAN, BONGINI & BIANCO, P.L.



Principal Place of Business 750 SOUTHEAST THIRD AVENUE, SUITE 100 FORT LAUDERDALE, FL 33316	Mailing Address 750 SOUTHEAST THIRD AVENUE, SUITE 100 FORT LAUDERDALE, FL 33316
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DO NOT WRITE IN THIS SPACE



04062006 No Chg-LLC CRZE083 (11/05)

4. FEI Number 65-0963391	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**KAIN, ROBERT C JR.
 750 SOUTHEAST THIRD AVENUE, SUITE 100
 FORT LAUDERDALE, FL 33316**

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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

U00000499575
 04/24/06-80032-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN FLEIT, P.A. 750 SOUTHEAST THIRD AVENUE, SUITE 100 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERT C. KAIN, P.A. 750 SOUTHEAST THIRD AVENUE, SUITE 100 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEPHEN BONGINI, P.L. 750 SOUTHEAST THIRD AVENUE, SUITE 100 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JON A. GIBBONS, P.L. 750 SOUTHEAST THIRD AVENUE, SUITE 100 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOSE GUTMAN, P.L. 750 SOUTHEAST THIRD AVENUE, SUITE 100 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAUL D. BIANCO, P.A. 750 SOUTHEAST THIRD AVENUE, SUITE 100 FORT LAUDERDALE, FL 33316

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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:  DATE: **4/6/06** DAYTIME PHONE #: **954-768-9002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #