

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 28, 2007 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



02232007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0963391

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating).

DATE

2-26-2007

**Filing Fee is \$50.00  
Due by May 1, 2007**

**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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03/09/07-80002-022 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-26-2007

954-768-9002