


# 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
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02232007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

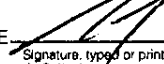
4. FEI Number 65-0963391	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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:  (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

**DO NOT WRITE IN THIS SPACE**

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 03/09/07-80002-022 50.00

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:  (NOTE: Registered Agent signature required when reinstating.) DATE: **2-26-2007** Daytime Phone #: **954-768-9002**