

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 10 AM 11:04

DOCUMENT # L99000009170

1. Entity Name

WEISSMAN FAMILY TRUST, LLC



Principal Place of Business

C/O GROUP W. HOLDINGS
10 SYLVAN WAY, SUITE 110
PARSIPPANY, NJ 07054 US

Mailing Address

C/O GROUP W. HOLDINGS
10 SYLVAN WAY, SUITE 110
PARSIPPANY, NJ 07054 US

DO NOT WRITE IN THIS SPACE

07052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

65-0973322

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEISSMAN, MICHAEL
3700 S. OCEAN BLVD. #810
BOCA RATON, FL 33487

**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

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME WEISSMAN, MICHAEL
STREET ADDRESS 3700 S. OCEAN BLVD., #810
CITY-ST-ZIP HIGHLAND BEACH, FL 33487

TITLE
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300077535583
07/14/06--01051--013 **\$5.00

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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 #

7/05/06 973-539-5392