2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2007
Secretary of State

DOCUMENT# M00000002654

Entity Name: CRISPIN PORTER & BOGUSKY LLC

Current Principal Place of Business:

3390 MARY ST. STE. 300
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

3390 MARY ST. STE. 300
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 65-1063056 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STRICKROOT, JOHN C ESQ.
1395 BRICKELL AVENUE
14TH FLOOR
MIAMI, FL 33131 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:	MGR	( ) Delete
Name:	PORTER, CHARLES K	
Address:	1501 W. 24TH ST., SUNSET ISLAND 3	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	MGR	( ) Delete
Name:	BOGUSKY, ALEX	
Address:	6100 MOSS RANCH ROAD	
City-St-Zip:	PINECREST, FL 33156	
Title:	MGR	( ) Delete
Name:	HICKS, JEFFREY J	
Address:	2645 S. BAYSHORE DR., #1404	
City-St-Zip:	MIAMI, FL 33133	
Title:	MGR	( ) Delete
Name:	STEINHOUR, JEFFREY H	
Address:	1505 FERDINAND ST.	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	MGR	( ) Delete
Name:	MORDEN, BEVERLY A	
Address:	35A HAZELTON AVE.	
City-St-Zip:	TORONTO, ONTARIO, CA M5R 2E3,	
Title:	MGR	( ) Delete
Name:	GIBSON, GLENN	
Address:	35A HAZELTON AVE.	
City-St-Zip:	TORONTO, ONTARIO, CA M5R 2E3,	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: CARMEN HIRST CTRL 08/02/2007

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