# LIMITED LIABILITY COMPANY
# UNIFORM BUSINESS REPORT (UBR)

**FILED** ATX1
**Apr 05, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # m97000000884

1. Entity Name

Comprehensive Planning - Goodman, LLC

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 6900 Jericho Tpke - Suite 208 | 6900 Jericho Tpke |
| Suite, Apt. #, etc | Suite, Apt. #, etc. 208 |
| City & State: Syosset, NY | City & State: Syosset, New York |
| Zip: 11791 Country: USA | Zip: 11791 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3240958 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**7. Name and Address of Current Registered Agent**

Name: Herbert L. Rough

Street Address (P.O. Box Number is Not Acceptable): 16353 Fern Dirve

City: Fort Lauderdale FL Zip Code: 33326

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 _____ DATE

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

000000288782
04/05/05-80023-018 50.00

| 9. MANAGING MEMBERS/MANAGERS | | | |
|---|---|---|---|
| TITLE | Manager | TITLE | |
| NAME | Rough Agency of Florida Inc. | NAME | |
| STREET ADDRESS | 16353 Fern Drive | STREET ADDRESS | |
| CITY-ST-ZIP | Fort Lauderdale, FL 33326 | CITY-ST-ZIP | |
| TITLE | Manager | TITLE | |
| NAME | MDL Planning Inc. | NAME | |
| STREET ADDRESS | 44 Saddle Lane | STREET ADDRESS | |
| CITY-ST-ZIP | Roslyn Heights, NY 11577 | CITY-ST-ZIP | |
| TITLE | Manager | TITLE | |
| NAME | Philip Goodman Agency Inc. | NAME | |
| STREET ADDRESS | 17 South Drive | STREET ADDRESS | |
| CITY-ST-ZIP | Roslyn, New York 11576 | CITY-ST-ZIP | DO NOT WRITE |
| TITLE | Manager | TITLE | IN THIS SPACE |
| NAME | Island Brokerage Corp. | NAME | |
| STREET ADDRESS | 35 Sutton Place | STREET ADDRESS | |
| CITY-ST-ZIP | New York, New York 10022 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** _____ Mark Levy - Manager 3/21/2005 516-364-7171

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