

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000122234</b> 1. Entity Name <b>ZUCKERMAN HOMES AT LIVINGSTON, INC.</b>	
--	---

Principal Place of Business <b>6131 LYONS RD SUITE 200 COCONUT CREEK FL 33073</b>	Mailing Address <b>6131 LYONS RD SUITE 200 COCONUT CREEK FL 33073</b>
--	--



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE CR2E034 (10/07)

City & State Zip	City & State Zip
---------------------	---------------------

4. FEI Number <b>20-1658933</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>BROWN, GARY L 4000 HOLLYWOOD BLVD STE 265-SOUTH HOLLYWOOD FL 33021</b>
--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
---

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 \_\_\_\_\_

(NOTE: Registered Agent's signature required when submitting)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
--

10. OFFICERS AND DIRECTORS	
TITLE: <input type="checkbox"/> Delete NAME: <b>ZUCKERMAN, ANDREW</b> STREET ADDRESS: <b>6131 LYONS RD., 200</b> CITY-ST-ZIP: <b>COCONUT CREEK FL 33073</b>	<input type="checkbox"/> Delete
TITLE: <input type="checkbox"/> Delete NAME: <b>ZUCKERMAN, STEVEN</b> STREET ADDRESS: <b>6131 LYONS RD., 200</b> CITY-ST-ZIP: <b>COCONUT CREEK FL 33073</b>	<input type="checkbox"/> Delete
TITLE: <input type="checkbox"/> Delete NAME: <b>ZUCKERMAN, DAVID</b> STREET ADDRESS: <b>6131 LYONS RD., 200</b> CITY-ST-ZIP: <b>COCONUT CREEK FL 33073</b>	<input type="checkbox"/> Delete
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000836340 03/04/08-80014-001 150.00
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.

**SIGNATURE:** \_\_\_\_\_ *Pres.* 2/15/08 954. 481-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR