


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # **E03000006434**

1. Entity Name  
**FRUITLAND LAKE ELLA, LLC**



Principal Place of Business  
**13362 S.W. 128 ST.  
 MIAMI, FL 33186**

Mailing Address  
**13362 S.W. 128 ST.  
 MIAMI, FL 33186**

**DO NOT WRITE IN THIS SPACE**



03272007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>81-0604979</b>	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

**WONG, LEVY  
 13362 S.W. 128 ST.  
 MIAMI, FL 33186**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WONG, LEVY A 13362 SW 128 STREET MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WONG, SYLVAN 4550 SW 151 PLACE MIAMI, FL 33185
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 04/03/07-80007-006 50.00

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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: **LEVY A. WONG** *Levy A. Wong* Date: **3/27/07** Daytime Phone #: **305 255 3333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE