


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 07, 2007 08:00 A**  
**Secretary of State**

|                                     |   |
|-------------------------------------|---|
| <b>DOCUMENT # L03000023583</b>      |  |
| 1. Entity Name<br>6040-20TH ST. LLC |   |

|  |  |
|--|--|
| Principal Place of Business<br>75-933 HIONA STREET<br>HOLUALOA, HI 96725 | Mailing Address<br>75-933 HIONA STREET<br>HOLUALOA, HI 96725 |
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05012007 No Chg-LLC CR2E083 (11/05)

|  |  |
|--|--|
| 4. FEI Number<br>20-1871849  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required                         |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>TANSEY, MICHAEL<br>2520 S.W. 22ND STREET, UNIT 156<br>MIAMI, FL 33145 |
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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: 04/30/07 |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |                |

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

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>TANSEY, MICHAEL J TRUSTEE<br>75-933 HIONA STREET<br>HOLUALOA, HI 96725 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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:    | DATE: 04/30/07 326-1371 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>  |                         |