

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000089416

1. Entity Name  
 CHALLENGER BOULEVARD, LLC



Principal Place of Business  
 4850 SW 72ND AVENUE  
 MIAMI, FL 33155 US

Mailing Address  
 4850 SW 72ND AVENUE  
 MIAMI, FL 33155 US



01102007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-2241541 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired  \$5.00 Additional Fee Required

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

CERVANTES, PATRICIO MGR  
 4850 S.W. 72ND AVENUE  
 MIAMI, FL 33155

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

|                |                         |
|----------------|-------------------------|
| TITLE          | MGR                     |
| NAME           | CERVANTES, PATRICIO MGR |
| STREET ADDRESS | 4850 S.W. 72ND AVENUE   |
| CITY-ST-ZIP    | MIAMI, FL 33155         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
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| NAME           |                         |
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| CITY-ST-ZIP    |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |

U00000688797  
 04/11/07-80010-004 50.00

**DO NOT WRITE IN THIS SPACE**

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: Man Cervantes Date: 3/30/07 Daytime Phone #: 305664569