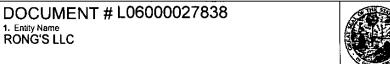
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED Jan 12, 2007 8:00 am Secretary of State 01-12-2007 90030 042 ****50.00

1907641-2665

Principal Place of Business 1145 GOLDEN LAKES BLVD., #726 WEST PALM BEACH, FL 33411		Mailing Address 1145 GOLDEN LAKES BLVD., #726 WEST PALM BEACH, FL 33411					моемя		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite Act # ate		Suite, Apt. #, etc.					, 19199 WIEL 181		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082007	Chg-LLC	CR2E08	3 (12/06)		
City & State		City & State			4. FEI Number	622240	9	` _	plied For t Applicable
Zip	Country	Zip Counti		ту	5. Certificate of	f Status Desired	`_ \$	5.00 Add	itional
	6. Name and Address of Current	Registered Agent			7. Name and /	Address of New Ro	gistered A	ent	
MIAOXIAN LEI, ZOEY				Name					
1145 GOL	DEN LAKES BLVD., #726 LM BEACH, FL 33411			Street Address (I	P.O. Box Number	is Not Acceptable)		
		City		City			FL	Zip Code	
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':	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE. Registered	Agent signature required	when reinstating)		DATE		
	ling Fee is \$50.00 ue by May 1, 2007						e check pa Departme	•	
9.	MANAGING MEMBE	AS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MIAO	☐ Delete	TITLE					Change	☐ Addition
NAME	XIAN LEI, ZOEY		NAME						
STREET ADDRESS (CITY-ST-ZIP	1145 GOLDEN LAKES BLVD., #726 WEST PALM BEACH, FL 33411			T ADDRESS ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP					
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NAME		_	NAME					-	
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP	Partify that the information available with	this filing does not qualify to		ST-ZIP	in Chapter 110. F	Ilorida Statuton I 6	rther cortifu	hat the infe	rmation
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or truste	that my signature shall have	e the same	legal effect as if in	nade under oath;	that I am a manag	ing member	or manage	r of the