2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED May 11, 2007 08:00 AM Secretary of State

ANNUAL REPURI				, Se	ecretary of Stat
DOCU 1. Entity Nar CHARDA		996			•
Principal Plac	ce of Business	Mailing Address			
222 GRAND	AVE.	222 GRAND AVE.		·	
	D, NJ 07631	ENGLEWOOD, NJ 07631			•
					CR2E083 (11/05)
E	O NOT WRITE	IN THIS SPA	CE	05042007 No Chg-LLC 4. FEI Number	Applied For
	The state of the s			22-3754308	Not Applicable
				5. Certificate of Status Desired	S5.00 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent	対応発行連続		T. P. C. B. C.
CTCORE	PORATION SYSTEM				MASSING HELL STORY
	JTH PINE ISLAND ROAD			DONOT W	RIJE
	ION, FL 33324			IN THIS SP	AGE
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					Participation of the control of the
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. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by September 14, 2007					
9,	MANAGING MEMBERS	/MANAGERS			
TITLE NAME	MGRM SCHMIDT, PAUL JR				i0763596
STREET ADDRESS	222 GRAND AVE.			144411111111111111111111111111111111111	0763596 %80016-023,50.00
CITY-ST-ZIP	ENGLEWOOD, NJ 07631				
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NAME			The state of the s		
STREET ADDRESS					
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TITLE			是建國國意		
NAME			TO THE STATE OF		
STREET ADDRESS CITY-ST-ZIP				DO NOT W	RITE
TITLE NAME				IN THIS SP	ACE
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CITY-ST-ZIP					
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NAME					
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STREET ADDRESS CITY-ST-ZIP		γ /			
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11. I hereby certify that the information supplied with this liling 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 amy 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.					