


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000021744**

1. Entity Name  
 3007 YAMATO ROAD, LLC



Principal Place of Business 3007 YAMATO RD BOCA RATON, FL 33434	Mailing Address 6574 GARDE ROAD C/O JOSEPH ROGOVIN BOYNTON BEACH, FL 33437
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**DO NOT WRITE IN THIS SPACE**



02222007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0984885	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**

ROGOVIN, JOSEPH  
 6574 GARDE ROAD  
 BOYNTON BEACH, FL 33437

**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**

1100000651290  
 03/03/07-80001-019 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROGOVIN, JOSEPH 6574 GARDE RD BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROGOVIN, ROSALIE 6574 GARDE RD BOYNTON BEACH, FL 33437
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**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:**  **Joseph Rogovin** **2/26/07** **(561)455-8861**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #