2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2008
Secretary of State

DOCUMENT# L03000045774

Entity Name: 1968 NW 7TH STREET, LLC

Current Principal Place of Business:

1968 NW 7ST
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

6206 CASTELVEN DR UNIT 102
ORLANDO, FL 32835

New Mailing Address:

3803 GOLDEN FEATHER WAY
KISSIMMEE, FL 34746

FEI Number: 20-0424380 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WU, YONG
6206 CASTELVEN DR UNIT 102
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

WU, YONG
3803 GOLDEN FEATHER WAY
KISSIMMEE, FL 34746 US

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.

SIGNATURE: YONG WU 01/12/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WONG, TSUN K
Address: 6206 CASTELVEN DR UNIT 102
City-St-Zip: ORLANDO, FL 32835

Title: MGR ( ) Delete
Name: YONG, WU KANG
Address: 6206 CASTELVEN DR UNIT 102
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WONG, TSUN K
Address: 3803 GOLDEN FEATHER WAY
City-St-Zip: KISSIMMEE, FL 34746

Title: MGR (X) Change ( ) Addition
Name: WU, YONG K MAG
Address: 3803 GOLDEN FEATHER WAY
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: YONG WU MAG 01/12/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date