


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000001903 1. Entity Name AHRENS HOLDINGS, L.L.C.	
---	---

Principal Place of Business 1461 KINETIC ROAD LAKE PARK, FL 33403	Mailing Address 1461 KINETIC ROAD LAKE PARK, FL 33403
---	---

DO NOT WRITE IN THIS SPACE



04022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0978152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent AHRENS, RICHARD 1461 KINETIC ROAD LAKE PARK, FL 33403	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 _____
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AHRENS, RICHARD 1461 KINETIC ROAD LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AHRENS, BARBARA 1461 KINETIC ROAD LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000638274
04/18/07-80074-021 50.00

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: Barbara Ahrens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____