2007 LIMITED LIABILITY COMPANY ANNUAL REPORT				FILED Jul 09, 2007 8:00 a Secretary of State	ı m e	
DOCUMENT # L00000010149				02-26-2007 90318 001 ***250.00		
1. Entity Name FUTURE CONNECTIONS, L.L.C.						
Principal Place of BusinessMailing Address1777 NW 79TH AVENUE1777 NW 79TH AVENUEDORAL, FL 33126DORAL, FL 33126				30011528 The sub- sub- sub- sub- sub- sub- sub- sub-	FOI	
2. Principal Place of Business - No P.O. Box # 12349 SW 53 Street		3. Mailing Address 12349 Sau 53 Street				
Suite, Apt., #, etc.		Suite 202		07022007 Chg-LLC CR2E083 (12/06)		
City & State Cooper Cety, FL		City & State	, FL	4. FEI Number Applied I 65-1038475 Not Appl		
Zip	STO Country USA	Zip 33370	Country SA.	5. Certificate of Status Desired Fee Required	1	
6. Name and Address of Current Registered Agent Name			7. Name and Address of New Registered Agent			
YOUNG, RAYMOND S 1777 NW 79TH AVENUE			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
DORAL, FL 33126						
			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, typed or printed name of registered agent and tile if applicable. (NOTE: Reg Filling Fee is \$50.00 Due by September 14, 2007			kayisteret Ayen siyistatire i bayan	Make check payable to Florida Department of State		
9.	MANAGING MEMBER	l RS/MANAGERS	10.	ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ORSHAN, DAVID R 1777 NW 79TH AVENUE DORAL, FL 33126	🗖 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	🗌 Change 🗌 A	Addition	
TITLE NAME STREET ADDRESS	MGR YOUNG, RAYMOND S 1777 NW 79TH AVENUE	C Delete	TITLE NAME STREET ADDRESS	📑 Change 🔲 A	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	DORAL, FL 33126	Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	🗋 Change 🗌 A	Addition	
CITY-ST-ZIP TITLE NAME		Delete	CITY-ST-ZIP TITLE NAME	Change A	Addition	
STREET ADDRESS City-St-Zip			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	🗌 Change 🥅 A	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🗌 #	Addition	
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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) Date Date Devoting Prove a						