## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 27, 2007 8:00 am Secretary of State

ANNOAL KEFOKI						SCCICI	ai y	OI DI	acc
1. Entity Name	MENT # L000000121	171				04-27-200		047 ****5	50.00
Principal Place	e of Business	Mailing Address				6004	1904		
555 W. GRANADA BLVD.		555 W. GRANADA BLVD.		İ		0002			
SUITE 4B		SUITE 4B							
DAYTONA BE.	ACH, FL 32174	DAYTONA BEACH, FL 32	174			######################################			
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address							
444 SEABREEZE BLUD.		444 SEABREEZE BLVO.		,	1 18815811 811		SIII BYIB! IIBIB		1801 111 (68)
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04032007	Cha LLC	CDOE	002 (40100)	
1002	<u> </u>	1002			04032007	Chg-LLC	ÇRZE	083 (12/06)	
City & State	• 7	City & State			4. FEI Numbe	er		Ap	plied For
DAYTONA BEACH, FL		UAYTONA BEACH FL			59-367	2538		No	t Applicable
Zip	Country	Zip	Country		E Codificate	of Status Desired		\$5.00 Add	ditional
3211	8   USA	32118	USA		5. Cermicale	Oi Status Desireu	L	Fee Require	d
	6. Name and Address of Current R	legistered Agent			7. Name and	Address of New	Registered	Agent	
	** **		Name	Cau-	M.			_	
	O CHARTER SERVICES, INC.		Charact A	JANF	ORD MIL	LLER			
	IOLIA AVENUE		Street A	Address (F 444	SEARRES	er is Not Acceptate	ار براک <sup>(le)</sup>	TE IM	1.7
DAYTONA	BEACH, FL 32114				36110146	CO HEVO	, 001	100	<i>,</i> ,,,
			City j	) a	D.		FI	Zip Cod	PC
O The shave	and and the State of	Al		JAYTI		ACH		_   17.54	4118
the obligati	named entity submits this statement for ions of registered agent.	the purpose of changing its re	igisterea office o	r registere	ed agent, or bo	th, in the State of I	lorida. I am	lamiliar with,	and accept
		$C_{i}$	Λ1 -	_			/	. 1	
SIGNATURE -	Signature, typed or printed name of registered agent ar	<u> </u>	PILLE	/ <b>{</b>			4/23	107	
	Signature, typed or printed harris or registered agent at	nd title if applicable. (NOTE: P	legistered Agent signa	ture required	when reinstating)		DATE	,,,	
	ling Fee is \$50.00 ue by May 1, 2007	nd title if applicable. (NOTE: F	Registered Agent signa	ture required	when reinstating)			payable to nent of State	e
	ling Fee is \$50.00			ture required	when reinstating)	Flori	da Departr	nent of State	e
9	ling Fee is \$50.00 ue by May 1, 2007	RS/MANAGERS	10.	ture required	when reinstating)	Flori		nent of State	
D:	ling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBER					ADDITION	da Departr	S Change	e Addition
9. TITLE	ling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBER MGR	RS/MANAGERS	10. TITLE			ADDITION	da Departr	S Change	
9. TITLE NAME	ling Fee is \$50.00 ue by May 1, 2007  MANAGING MEMBER MGR MILLER, SANFORD 555 W. GRANADA BLVD SUITE	RS/MANAGERS	10. TITLE NAME	444	SEABREE	ADDITION:	S/CHANGE	S Z Change	
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The redy eventy that the information supplied with this limit does not quality 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 path; that I am a managing member or manager of the fimited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

4/23/07

386-238-7035