

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90354 011 ****50.00

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01312007 Chg-LLC CR2E083 (12/06)

4. FEI Number
65-1071948

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BODENWEBER, SCOTT
1850 SE 17TH ST, SUITE 300
FT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | MGR | <input type="checkbox"/> Delete |
| NAME | HUDSON, HARRIS W | |
| STREET ADDRESS | 1850 SE 17TH ST, SUITE 300 | |
| CITY-ST-ZIP | FT LAUDERDALE, FL 33316 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | HUDSON, STEVEN W | |
| STREET ADDRESS | 1850 SE 17TH ST, SUITE 300 | |
| CITY-ST-ZIP | FT LAUDERDALE, FL 33316 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | WRIGHT, PETER W | |
| STREET ADDRESS | 1850 SE 17TH ST, SUITE 300 | |
| CITY-ST-ZIP | FT LAUDERDALE, FL 33316 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | HUDSON, HOLLY J | |
| STREET ADDRESS | 1850 SE 17TH ST, SUITE 300 | |
| CITY-ST-ZIP | FT LAUDERDALE, FL 33316 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Peter W. Wright

3/6/07

Date

954-356-5800

Daytime Phone #