## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 11, 2007 08:00.AM Secretary of State

ANNUAL REPORT				Jan 11, 200 / 08:00.	
1. Entity Nan	MENT # L01000 PEDINGS, L.L.C.	007984		Secretary of Star	
13248 W. B C/O WARREN	ce of Business ROWARD BLVD. N. J. STEIN N. FL 33325	Mailing Address 13248 W. BROWARD BLVD. C/O WARREN J. STEIN PLANTATION, FL 33325			
DO NOT WRITE IN THIS SPA			CE	01032007 No Chg-LLC CR2E083 (11/05)  4. FEI Number 65-1114737 Applied For Not Applicable  5. Certificate of Status Desired   \$5.00 Additional Fee Required	
	6. Name and Address of Co	urrent Registered Agent			
STEIN, WARREN J 13248 W BROWARD BLVD PLANTATION, FL 33325				DO NOT WRITE IN THIS SPACE	
	e named entity submits this stater tions of registered agent.	ment for the purpose of changing its register	led office or register	red agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registers	and amond and tible if annile able (NUTLE Regusters	ed Agent signature required	( when reinstating) DATE	
F.	iling Fee is \$50.00 ue by May 1, 2007	DAOLE LEGISLES	or where a state of the state o	( when the issuancy) ( sake	
9,	· · · · · · · · · · · · · · · · · · ·	MEMBERS/MANAGERS	Ī		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEIN, WARREN J 13248 W. BROWARD BLVI PLANTATION, FL 33325	D			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				000000583586 01/12/07-80002-012 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
HILE NAME STREET ADDRESS CITY-ST-ZIP				•	
TITLE NAME STREET ADDRESS					

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 cartify 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 his report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_

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

Daylime Phone #