2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 08, 2007 8:00 am Secretary of State

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1. Entity Nam	MENT # L01000010	608		03-08-2007 90191 038 ****50.00
Principal Plac	ce of Business	Mailing Address	• •	
1360 N.W. 3		1360 N.W. 33RD ST. POMPANO BEACH, FL 3	33064	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01082007 Chg-LLC CR2E083 (12/06)
City & Stat	te	City & State		4. FEI Number Applied For 65-1117080 Not Applied be Not Applied by Not Applied be Not Applied by Not Applied be Not Applied by
Zip	Country	Zip	Country	5. Certificate of Status Desired Specification Status Desired Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
ROBERTS			Name	
	. 33RD STREET O BEACH, FL 33064		Street Add	dress (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
	e named entity submits this statement for tions of registered agent.	r the purpose of changing its r	registered offi ce o r re	egistered agent, or both, in the State of Florida. I am familiar with, and accept
CICNIATURE	•			
SIGNATURE .	Signature, typed of printed name of registered agent	and title if applicable (NOTE	Registered Agent signature	e required when reinstaling) DATE
Fi	iling Fee is \$50.00 ue by May 1, 2007		Hegistered Agent signature	Make check payable to Florida Department of State
Fi	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE		10.	Make check payable to Florida Department of State ADDITIONS/CHANGES
9. TITLE NAME STREET ADDRESS	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGRM RETTERATU, JASON 132 SE 18TH AVE		10. IIILE NAME STREET ADDRESS	Make check payable to Florida Department of State ADDITIONS/CHANGES ADDITIONS/CHANGES CETTERATH TASON Change Addition RETTERATH TASON DECLARATION
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGRM RETTERATU, JASON 132 SE 18TH AVE DEERFIELD BEACH, FL 33441	RS/MANAGERS	10. IIILE NAME STREET ADDRESS CITY-S1-ZIP	Make check payable to Florida Department of State ADDITIONS/CHANGES RETTERATH TASON Change Addition POSELRAY BEACH, FL 33446
9. TITLE NAME STREET ADDRESS	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGRM RETTERATU, JASON 132 SE 18TH AVE DEERFIELD BEACH, FL 33441 MGRM ROBERTSON, JIM	RS/MANAGERS	10. IIILE NAME STREET ADDRESS CITY-S1-ZIP	Make check payable to Florida Department of State ADDITIONS/CHANGES ADDITIONS/CHANGES CETTERATH TASON Change Addition RETTERATH TASON DECLARATION
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM RETFIELD BEACH, FL 33441 MGRM ROBERTSON, JIM 2929 VIA NAPOU	RS/MANAGERS	10. IIILE NAME STREET ADDRESS CITY-S1-ZIP IIILE NAME STREET ADDRESS	Make check payable to Florida Department of State ADDITIONS/CHANGES RETTERATH TASON Change Addition POSELRAY BEACH, FL 33446
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM RETFIELD BEACH, FL 33441 MGRM ROBERTSON, JIM 2929 VIA NAPOU	RS/MANAGERS Delete Delete Delete	10. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE 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	Make check payable to Florida Department of State ADDITIONS/CHANGES NERTH TASON Change Addition POSEL PARAISO PL DELRAY BEACH FL 33446 NORM ROBERTSON TAMES CHANGE Addition ROBERTSON TAMES POSSY NW 74TH TEXR OANK LAND FL
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	MGRM RETFIELD BEACH, FL 33441 MGRM ROBERTSON, JIM 2929 VIA NAPOU	PRS/MANAGERS Delete Delete Delete	10. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Make check payable to Florida Department of State ADDITIONS/CHANGES RETTERATH TASON Change Addition POSS EL PARAISO PL DELRAY BEACH FL 33446 NORM ROBERTSON TAMES SASY NW 74TH TEXR DANK LANT FL Change Addition

11. I hereby certify that the information supplied with this filing does not qualify of the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accuracy 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:

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

954/973303