

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90062 031 \*\*\*\*50.00

<b>DOCUMENT # L02000004663</b> 1. Entity Name <b>LEFTA ENTERPRISES, L.L.C.</b>					
Principal Place of Business <b>3900 SW 30 AVENUE #3 FT. LAUDERDALE, FL 33312</b>			Mailing Address <b>3900 SW 30 AVENUE #3 FT. LAUDERDALE, FL 33312</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
<b>95 S Federal Hwy, Ste 200 Boca Raton, FL 33432</b>		<b>95 S Federal Hwy, Ste 200 Boca Raton, FL 33432</b>			
Zip <b>33432</b> Country <b>USA</b>		Zip <b>33432</b> Country <b>USA</b>		02162007 Chg-LLC CR2E083 (12/06)	
4. FEI Number <b>56-2319274</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				6. Name and Address of Current Registered Agent <b>RICHARDSON, KENNETH E 3900 SW 30TH AVENUE, #3 FT. LAUDERDALE, FL 33312</b>	
7. Name and Address of New Registered Agent Name <b>Christopher Richardson</b> Street Address (P.O. Box Number is Not Acceptable) <b>95 S Federal Hwy, Ste 200 Boca Raton, FL 33432</b>				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  DATE <b>4/27/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RICHARDSON, KENNETH E 3900 SW 30TH AVENUE, SUITE 3 FT. LAUDERDALE, FL 33312</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MCKERCHIE, TERRY 3900 SW 30 AVENUE, SUITE 3 FT. LAUDERDALE, FL 33312</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>			Date <b>4/27/07</b> Daytime Phone # <b>561-869-4300</b>		

UNRECORDED