
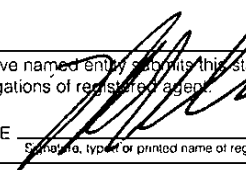
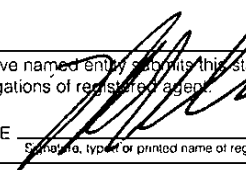
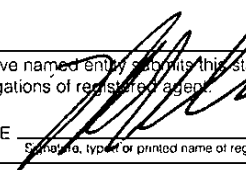
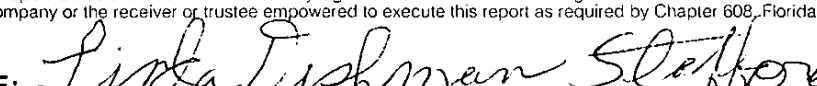


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90175 019 ****55.00

DOCUMENT # L02000026322											
1. Entity Name LDS ENTERPRISES, L.L.C.											
Principal Place of Business 4720 LE JEUNE ROAD CORAL GABLES, FL 33146			Mailing Address 4720 LE JEUNE ROAD CORAL GABLES, FL 33146								
2. Principal Place of Business - No P.O. Box # 4800 LE JEUNE ROAD		3. Mailing Address 4800 LE JEUNE ROAD									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State CORAL GABLES, FLORIDA		City & State CORAL GABLES, FLORIDA		4. FEI Number 54-2078236							
Zip 33146		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required							
6. Name and Address of Current Registered Agent STORACE, MICHAEL R P.A. 4720 LE JEUNE ROAD CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name Michael R. Storace, P. A.</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) 4800 Le Jeune Road</td> </tr> <tr> <td style="padding: 2px;">City Coral Gables</td> <td style="padding: 2px;">FL Zip Code 33146</td> </tr> </table>			Name Michael R. Storace, P. A.		Street Address (P.O. Box Number is Not Acceptable) 4800 Le Jeune Road		City Coral Gables	FL Zip Code 33146
Name Michael R. Storace, P. A.											
Street Address (P.O. Box Number is Not Acceptable) 4800 Le Jeune Road											
City Coral Gables	FL Zip Code 33146										
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. <table style="width:100%;"> <tr> <td style="width:30%;">SIGNATURE </td> <td style="width:40%; text-align: center;">MICHAEL R. STORACE</td> <td style="width:30%; text-align: right;">DATE 3/20/07</td> </tr> </table>						SIGNATURE 	MICHAEL R. STORACE	DATE 3/20/07			
SIGNATURE 	MICHAEL R. STORACE	DATE 3/20/07									
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State									
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES								
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	STAFFORD, LINDA D		NAME								
STREET ADDRESS	1409 GLEN BROOK DR.		STREET ADDRESS								
CITY-ST-ZIP	OKLAHOMA CITY, OK 73118		CITY-ST-ZIP								
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			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: 			405-948-7284								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Day Phone #								