


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**


03-19-2007 90462 004 \*\*\*\*50.00

<b>DOCUMENT # L02000029989</b> 1. Entity Name ANZAK TRADING, LLC	
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Principal Place of Business 16170 SW 7TH STREET PEMBROKE PINES, FL 33027	Mailing Address 16170 SW 7TH STREET PEMBROKE PINES, FL 33027
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2. Principal Place of Business - No P.O. Box # <i>14900 SW 27th St</i>	3. Mailing Address <i>14900 SW 27th St</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Davie FL</i>	City & State <i>Davie FL</i>	Zip <i>33331</i>	Country <i>USA</i>
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03132007 Chg-LLC CR2E083 (12/06)

4. FEI Number 76-0719198	Applied For 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  ROBERTS, ASHA 16170 SW 7TH STREET PEMBROKE PINES, FL 33027	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <i>14900 SW 27th St</i>  City <i>DAVIE</i> <b>FL</b> Zip Code <i>33331</i>
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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 \_\_\_\_\_ (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, ASHA A 16170 SW 7TH STREET PEMBROKE PINES, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>14900 SW 27th St</i> <i>Davie FL 33331</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERTS, NICHOLAS 16170 SW 7TH STREET PEMBROKE PINES, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>14900 SW 27th St</i> <i>Davie FL 33331</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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.

**SIGNATURE:** *ASHA ROBERTS* **ASHA ROBERTS** *3/14/07* **3/14/07** *954-916-9976*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #