

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90372 043 ****50.00

60038858



04162007 Chg-LLC CR2E083 (12/06)

4. FEI Number
76-0774618
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIRSCHENBAUM, MALCOLM R
516 DELANNOY AVE
COCOA, FL 32922

Name
Street Address (P.O. Box Number is Not Acceptable)
City 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 _____ (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	<input type="checkbox"/> Delete
	MGRM	EKS, INC	516 DELANNOY AVE COCOA, FL 32922	<input type="checkbox"/>
	D	KIRSCHENBAUM, JOSHUA	516 DELANNOY AVE COCOA, FL 329229	<input type="checkbox"/>
	D	KIRSCHENBAUM, JENNIFER	516 DELANNOY AVE COCOA, FL 32922	<input type="checkbox"/>
	D	SWANN, ELIZABETH L	516 DELANNOY AVE COCOA, FL 32922	<input type="checkbox"/>
	D	SWANN, JESSICA S	516 DELANNOY AVE COCOA, FL 32922	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	D	OLIVER, ELIZABETH L	516 DELANNOY AVE COCOA FL 32922	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: _____

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

Malcolm R. Kirschenbaum 4/16/07

Date

Daytime Phone #

301
632-4713