2008 LIMITED LIABILITY COMPANY **FILED** Jan 31, 2008 08:00 AN ANNUAL REPORT **DOCUMENT # L02000034788** Secretary of State CUSANO & JANVION, P.L. Principal Place of Business Mailing Address 1860 N PINE ISLAND RD 1860 N PINE ISLAND RD 113 PLANTATION, FL 33322 PLANTATION, FL 33322 CR2E083 (12/07) 01232008 No Chg-LLC 4. FEI Number 04-3731125 \$5,00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CUSANO, LEONARD M DO NOT WRITE 1860 N PINE ISLAND RD **SUITE 113** IN THIS SPACE PLANTATION, FL 33322 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 机铸铁槽 医唇部切除性皮肤大管 海洋 化二烷烷

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUSANO, LEONARD M 1860 N PINE ISLAND RD #113 PLANTATION, FL 33322	92/06/08-80060-010 138.75
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CHY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filling 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 present as the empowered to execute this report as required by Chapter 608, Florida Statutes.

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

Applied For

Not Applicable