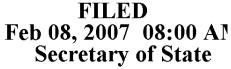
2007 LIMITED LIABILITY COMPANY

ANNUAL RÉPORT (AR) DOCUMENT # L03000002630 1. Entity Namo TOPANGA CANYON LLC

SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF



TOT AIRC	A CANTON, LLC								
Principal Place of Business		Mailing Address	Mailing Address		1				
721 NE 3RD AVENUE FT. LAUDERDALE FL 33304			721 NE 3RD AVENUE FT. LAUDERDALE FL 33304						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address		_	(1)		.E ((Eta e 00)	881 (1) (881
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			t MOORE	CR2E083	3 (10/06)	
City & State		City & State	City & Stato		4. FEI Numb	04-373669	8		pplied For
Zip	Country	Zıp	Coun	lry	5. Certificate	of Status Desired		\$5.00 Ad Fee Require	Iditional
	6. Name and Address of Curre	nt Registered Agent			7. Name and	d Address of New R	egistered	Agent	
		3.37		Name			-		
240	ARK, THOMAS M 10 EAST COMMERCIAL BL RT LAUDERDALE FL 3330	.VD., STE. 820	, STE. 820		(P.O. Box Numb	per is Not Accoptable)		
				City			FL	Žip Cod	te
	named entity submits this statement ions of registered agent.	for the purpose of changing	ts registere	ed office or register	red agent, or bo	oth, in the State of Flo	rida. I am	familiar with	, and accept
SIGNATURE .	Signature, typed or printed name of registered ag	ent and little if applicable (NC	OTE: Registered	d Agent signature required	d when reinstäting)		DATE		
		, , , , , , , , , , , , , , , , , , , ,					•		
		Make Check Paya	ble to Flo	EE IS \$50.00 orida Departmer by 1, 2007					
9.	, MANAGING MEM	BERS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGRM	☐ Delete	1ITLE					Change	Addition
NAME	DOERING, RALPH H III		NAME	<u> </u>		Hooor	06274		
STREET ADDRESS	721 NE 3RD AVENUE		STREE	ET ADDRESS		02/15/0	7-2006	ກ້–ດາວ ທ	50 OO
CITY-ST-ZIP	FORT LAUDERDALE FL 33304		CITY-	ST · ZIP					
TITLE	MGRM	☐ Delete	TOTAL					Change	Addition
NAME	DOERING, JOHN C	•	NAME	- 1					
STREET AOORESS CITY-ST-ZIP	721 NE 3RD AVENUE			ET ADDRESS					
	FT. LAUDERDALE FL 33304			ST- ZIP	_				
TITLE		☐ Delele	TITLE					☐ Change	Addition
NAME STREET ADDRESS		-	NAME STREE	T ADDRESS					
CITY-ST-ZIP				SI-ZIP					
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NAME		L Delete	NAME					onungo	
STREET ADDRESS				TADDRESS					
CITY S1-ZIP			CITY-	SI-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME	. [
STREET ADDRESS				TADDRESS					
CITY ST-ZIP			CITY-	S1-ZIP					
IIILE		Delete	THILE					☐ Change	Addition Addition
NAME.			NAME.		·				
STREET ADDRESS CITY-ST-7IP				T ADDRLSS ST- ZIP					
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indicated limited hal	ertify that the information supplied voor this report is true and accurate a bility company or the receiver or trus	and that my aignature shall hastee empowered to opecute the	we the same is report as	emptions contained ne legal effect as if s required by Chap	d in Section 119 f made under o oter 608, Florida	ə, Florida Statutes. I ath; that I am a man Statutes	iuriner cor laging men	nber or man	ager of the