DOCUMENT # L03000003327       Secretary of State         - Encry warg       Maining Adamses         3351 NR 200 AVE       3351 NR 200 AVE         BOCA MILON FL 33431       Social Antion, FL 33451         DO NOT WRITE IN THIS SPACE       Interpretaries         Image: A term and Address of Current Registered Agent       Interpretaries         LIBOW, ALLEN ESQ       Current Registered Agent         ILBOW, AllEN ESQ       DO NOT WRITE IN THIS SPACE         Image: All Address of Current Registered Agent       Interpretaries         LIBOW, ALLEN ESQ       Current Registered Agent         DO NOT WRITE IN THIS SPACE       DO NOT WRITE IN THIS SPACE         Image: All Address of Current Registered Agent       Interpretaries         JBOW ALLEN ESQ       Current Registered Agent         BOCA RATON, FL 33431       DO NOT WRITE IN THIS SPACE         BIGMTUP       MOR MULTER SPACE       DO NOT WRITE IN THIS SPACE         BIGMTUP       MOR MULTER SPACE       DO NOT WRITE IN THIS SPACE         BIGMTUP       MOR MULTER SPACE       DO NOT WRITE IN THIS SPACE         BIGMTUP       MOR MULTER SPACE       DO NOT WRITE IN THIS SPACE         BIGMTUP       MOR MULTER SPACE       DO NOT WRITE IN THIS SPACE         BIGMTUP       MOR MULTER SPACE       DO NOT WRITE IN THIS SPACE	2007 LIMITED LIABILITY COMPANY ANNUAL REPORT			FILED Apr 30, 2007 08:00 AN	
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	6. Name and Address of	Current Registered Agent		Fée Required	
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AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP 1. 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 frue 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.	TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS				
ME REET ADDRESS IY-SI-ZIP 1. 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.	ILE IME REET ADDRESS TY- ST- ZIP				
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