


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90300 048 \*\*\*\*50.00

**DOCUMENT # L03000003655**

1. Entity Name  
**C107 LLC**



Principal Place of Business      Mailing Address  
**2699 STIRLING ROAD #C107**      **2699 STIRLING ROAD #C107**  
**FORT LAUDERDALE, FL 33312**      **FORT LAUDERDALE, FL 33312**

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



03172004    Chg-LLC    CR2E083 (10/03)

|                                                                                          |                               |
|------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br><b>48-6395941</b>                                                       | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                               |

|                                                                                            |                                                    |
|--------------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b>                                     | <b>7. Name and Address of New Registered Agent</b> |
| <b>MAGID, DIANE</b><br><b>2699 STIRLING ROAD #C107</b><br><b>FORT LAUDERDALE, FL 33312</b> | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                                 |                                                          |
|-------------------------------------------------|----------------------------------------------------------|
| <b>Filing Fee is \$50.00 Due by May 1, 2004</b> | <b>Make check payable to Florida Department of State</b> |
|-------------------------------------------------|----------------------------------------------------------|

| 9. MANAGING MEMBERS / MANAGERS                 |                                                                                                              | 10. ADDITIONS / CHANGES                        |                                                                   |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MAGID, DIANE<br>2699 STIRLING ROAD #C107<br>FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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: *Diane Magid*      **DIANE MAGID**      3/20/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #