2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # L03000017227

1. Entity Name
ON THE CUSP, LLC

Principal Place of Business	Mailing Address
1000 NORTHWEST 9TH COURT SUITE 104 BOCA RATON, FL 33486 US	1000 NORTHWEST 9TH COURT SUITE 104 BOCA RATON, FL 33486 US

04182007 No Chg-LLC CR2E083 (11/05)

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4. FEI Number
41-2098748
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHAPIRO, JORDAN DR.
1000 NORTHWEST 9TH COURT
SUITE 104
BOCA RATON, FL 33486

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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)

Filing Fee is $50.00
Due by May 1, 2007

U00000729066
05/08/07-80024-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCHAPIRO, JORDAN L MGRM
STREET ADDRESS	7511 W. CYPRESSHEAD DRIVE
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #