2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L03000021338

1. Entity Name LFR, LLC



FILED May 02, 2007 08:00 A Secretary of State

Principal Place of Business

3814 CURTISS PKWY VIRGINIA GARDENS, FL 33166 Mailing Address

3814 CURTISS PKWY

VIRGINIA GARDENS, FL 33166 US

01112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0040414

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HORNSTEIN, MIKE 3814 CURTISS PKWY VIRGINIA GARDENS, FL 33166

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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 | I am familiar with, and accept |
|----|--|--------------------------------|
| | the obligations of registered agent: | , |
| | | |
| | | |

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007 U00000757864 05/23/07-80080-020 50.00

MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME LA FORGIA, VITO STREET ADDRESS 3814 CURTISS PKWY. VIRGINIA GARDENS, FL 33166 CITY-ST-ZIP MGRM TITLE LA FORGIA, LUCRETIA NAME STREET ADDRESS 3814 CURTISS PKWY. CITY-ST-ZIP VIRGINIA GARDENS, FL 33166 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

URE: And Typed OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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