

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021827

Entity Name: 4938 S.W. 135TH AVENUE, LLC

FILED
May 25, 2007
Secretary of State

Current Principal Place of Business:

1088 SKYLARK DR
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

318 INDIAN TRACE # 531
WESTON, FL 33326

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GENEVIEVE CHANTAL VOLCY CEANT
1088 SKYLARK DR
WESTON, FL 33327 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CEANT, JEAN-HENRY
Address: 1088 SKYLARK DR
City-St-Zip: WESTON, FL 33327 US

Title: MGR () Delete
Name: THC INVESTMENT CORP,
Address: 1088 SKYLARK DR
City-St-Zip: WESTON, FL 33327 US

Title: MGR () Delete
Name: CEANT, CHANTAL V
Address: 1088 SKYLARK DR
City-St-Zip: WESTON, FL 33327 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CEANT CHANTAL V

MGR

05/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date