2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 02, 2007 08:00 AM Secretary of State

ANNUAL REPORT				Feb 02, 2007 08:00 A	
1. Entity Nam	MENT # L0300002	22497		Seci	retary of State
Principal Plac	e of Business	Mailing Address			
6801 POWE FORT LAUDE	RLINE RD ERDALE, FL 33309	5000 NORTH OCEAN BLVD. LAUDERDALE-BY-THE-SEA,		* IMBELIEFE MIT MERINE INSI AMIN MANY MANY	Mbfls fram 2100) Minute (with typingle) die cons
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DO NOT WRITE IN THIS SP			ACE	01172007 No Chg-LLC 4. FEI Number	CR2E083 (11/05)
	•	•	•	57-1175744	Not Applicable
ļ 		1 (a)		5. Certificate of Status Desired	55.00 Additional Fee Required
	6. Name and Address of Curre	ent Registered Agent	\dashv	المحاجبة أحداث الأحاجة	para in the same in the first section of the same in t
ZAVIK, JEFFREY S 5000 NORTH OCEAN BLVD. #1510			***	DO NOT W	RITE
LAUDERU)ALE-BY-THE-SEA, FL 3331	08		IN THIS SP	ACE
8. The above the obligat	named entity submits this statementions of registered agent.	at for the purpose of changing its regis	tered office or register	ed agent, or both, in the State of Flori	ida I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered as	gent and title if applicable (NOTE, Regis	lered Agent signature required	when reinstaling)	DATE
	iling Fee is \$50.00 ue by May 1, 2007		ारिका के जिल्हा है। इसके	000001 00 707 700	00617647
9.	MANAGING MEN	MBËRS/MANAGERS	_	- nechicit i	<u>'-80084-004 50,00</u>
TITLE	MGRM				
NAME	ZAVIK, JERRREY S		1		
STREET ADDRESS CITY-51-21P	5000 N. OCEAN BLVD #1510 FORT LAUDERDALE, FL 333				
TITLE	MGRM				
NAME	ZAVIK, CHERYL				
STREET ADDRESS	5000 N. OCEANS BLVD #151	0			
CITY-ST-ZIP	FORT LAUDERDALE, FL 333	308			
TITLE NAME		•			
STREET ADDRESS			1 .	DO NOT WI	RITE
CMY-ST-ZIP	<u> </u>			* ** *	
TITLE)				IN THIS SP	ACE
STREET ADDRESS					
CITY-ST-ZIP			_1		
TITLE					
NAME					
STREET ADDRESS			1		
CITY-ST-ZIP			[
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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: MEN CANCE MEMBER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

30.07 954.691

Daytima Prione #