LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

FILED Apr 26, 2007 8:00 am Secretary of State

04-26-2007 90039 028 ****50.00

DOCUMENT # 1. Entity Name	_03000 <i>02</i> 9234	
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2. Principal Place of Business Suite, Apt. #, etc. City & State City & State Cormond Country Zip Country Country	CR2E083B (8/05) 4. FEI Number O6 - 17 25 12 Applied For Not Applicable Country 5. Certificate of Status Desired Status Desired Fee Required 7. Name and Address of Current Registered Agent	
DO NOT WRITE IN THIS SPACE	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 egistered agent. SIGNATURE Signiful E, typad or printed name of registered agent and title if applicable. FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1		
9. MANAGING MEMBERS/MANAGERS TITLE Manage NAME Hewith Janet STREET ADDRESS 113 F. esta Cicla CITY-ST-ZIP Cryand Preach F-1 32174	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 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: IAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE