2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE and typed or prijuted hame of signing managing member, manager, or authorized representative

FILED Jan 10, 2007 8:00 am Secretary of State

DOCUMENT # L03000042095 1. Entity Name POWERLINE LOTS LLC							01-10-2007	90060 022	2 ****5	0.00	
Principal Plac	e of Business	Mailing Address									
9720 STIRLI	NG RD	9720 STIRLING RD									
SUITE 110 COOPER CITY	Y. FL 33024 US	SUITE 110 COOPER CITY, FL 3302	COOPER CITY, FL 33024 US								
	Place of Business - No P.O. Box #	, , , , , , , , , , , , , , , , , , ,	3. Mailing Address								
·						1 30013011 01	i 11:61 11: 13: E1			BOLIKI IBDI	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				01062007	Chg-LLC	CR2E083	3 (12/06)		
City & State		City & State				4. FEI Numb				plied For Applicable	
Zip	Country Zip		Cour	Country			5 Certificate of Status Desired Stat				
	6: Name and Address of Current	legistered Agent		ī	7. Name and Address of New Registered				e Required	3	
	or reality and reality of our reality	Name									
SAMUELS 9720 STIR	SON, WALTER T RLING RD		Street Address			(P.O. Box Number is Not Acceptable)					
SUITE 110											
000.2						FL Zip Code					
The above named entity submits this statement for the purpose of changing its register.					r registere	ed agent, or bo	th, in the State of FI		niliar with	and accept	
	tions of registered agent.	()	- 9		-9						
SIGNATURE	Signature, typed or printed name of registered agen	and the if engine the ANOT	E. Beautara	d Agent sugget	use see itsel	when reinstating)		DATE			
	oglatics, typod or printed reals or logistics at agen-	The same is approxime.	L. Hegialore	ia Agent signer	uic requirec i	William Constituting)		DATE			
	iling Fee is \$50.00 ue by May 1, 2007							e check pay a Departmen		B	
9.	MANAGING MEMB	ERS/MANAGERS	S/MANAGERS 10.			an	ADDITIONS	/CHANGES			
TITLE	MGRM	☐ Delete	TITE		SAM	ullson	WALTER 7 OUESTPLAN	-, 12	Change	☐ Addition	
NAME STREET ADDRESS	SAMUELSON, WALTER T 12737 BOUASTRIAN TR		NAM STRI	eet address	ルフ	37 E	JUESTRIAN	TRAIL			
CITY-ST-ZIP	DAVIE, FL 33330			-ST-ZIP	ONV	B, P	L. 333.	<i></i> 70			
TITLE	MGRM	☐ Delete	TITE	£		,			Change	Addition	
NAME STREET ADDRESS	SAMUELSON, LUANN M 12475 SW 58TH STREET		NAM	ie Eet address							
CITY-ST-ZIP	SW RANCHES, FL 33330			-ST-ZIP							
TITLE		☐ Delete	TITL	E					Change	Addition	
NAME			NAM								
STREET ADDRESS				EET ADDRESS							
CITY-ST-ZIP		П		-ST+ZIP			.		Chassa	- Addition	
NAME		☐ Delete	TITL					L	Change	☐ Addition	
STREET ADDRESS			STR	EET ADDRESS							
CITY-ST-ZIP					I						
			CITY	'-ST-ZIP						The second second	
TITLE		☐ Delete	TITL	£					Change	Addition	
NAME		☐ Delete	TITL	E NE					Change	Addition	
1		☐ Delete	TITL NAM STR	£					Change	Addition	
NAME STREET ADDRESS		☐ Delete	TITL NAM STR	E ME EET ADDRESS '-ST-ZIP					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			TITL NAM STRI CITY TITL NAM	E NE EET ADDRESS (-ST-ZIP E							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			TITL NAM STRI CITY TITL NAM STR	E SET ADDRESS (-ST-ZIP E ME SET ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied wi d on this report is true and accurate an ability company or the receiver or trust	☐ Delete	TITL NAM STRI CITY TITL NAM STR	E EET ADDRESS (-ST-ZIP E ME EET ADDRESS (-ST-ZIP	ontained i	n Chanter 119	Florida Statutes	[_] Change	Addition	