## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 16, 2007 08:00 AM Secretary of State

Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Addl Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  Name  MORAN, JOHN A ESQ C/O DUNLAP & MORAN, P.A. 1990 MAIN STREET, STE 700 SARASOTA, FL 34236	Secretary of State				MENT # L03000045509 .E.c.			DOCU  1. Entity Nan TCME, L
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.		Bankanakan anakan anin bankan dinin	! AND HAN! THE COLOR WITH AND IN COLUMN FRAME OF MICE.		C/O JOHN A. MORAN P.O. BOX 3948 SARASOTA, FL 34230 US	0	A. MORAN N ST, STE 700 , FL 34236	C/O JOHN A. 1990 MAIN SARASOTA,
City & Siste		<b>Ba</b> iih <b>Birbi B</b> ia <b>b</b> i Biabi Biaii B <b>a</b> irb 1810			3. Mailing Address	iness - No P.O. Box #	Place of Busin	2. Principal F
Zip Country Zip Country 5.4-2134320 \$5.00		CR2E083 (12/06)	03232007 Chg-LLC CR2E	!	Suite, Apt. #, etc.	Suite, Apt. #, etc.		
6. Name and Address of Current Registered Agent  MORAN, JOHN A ESQ (C/O DUNLAP & MORAN, P.A. 1990 MAIN STREET, STE 700 SARASOTA, FL 34236  6. 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, at the obligations of registered agent.  SIGNATURE    Filling Fee Is \$50.00		] · · · · · · · · · · · · · · · · · · ·		City & State		City & State		City & Sta
MORAN, JOHN A ESQ C/O DUNLAP & MORAN, P.A. 1990 MAIN STREET, STE 700 SARASOTA, FL 34236  6. 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, at the obligations of registered agent, and the if applicable.    City		☐ \$5.00 Addlt Fee Required	5. Certificate of Status Desired	ntry	Zip Cou	Country		Zip
Street Address (P.O. Box Number is Not Acceptable)  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 agent, or both, in the State of Florida. I am familiar with, a neobligations of registered agent.  SIGNATURE  Signature, typed or private name of inguiseral agent and tile if apolicable. (NOTE Registered Agent algorithm revealable)  P. MANAGING MEMBERS / MANAGERS  ITILE  MANA  MORA  STREET ADDRESS  CITY-S1-2P  TITLE  MORE  STREET ADDRESS  CITY-S1-2P  TITLE  MORE  STREET ADDRESS  CITY-S1-2P  TITLE  MANE  STREET ADD		igistered Agent	7. Name and Address of New Registered	Name	Registered Agent	e and Address of Current R	6. Name	
SIGNATURE    Signature, hyper or privise name dentity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, a the obligations of registered agent.    Signature	(P.O. Box Number is Not Acceptable)			Street Address (				
S. 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, a few obligations of registered agent.  SIGNATURE    Signature, typed or proted name of registered agent and title if applicable. (NOTE: Registered Agent algulature required when revolutable)    Pilling Fee is \$50.00   Due by May 1, 2007   Date						T, STE 700	IN STREET	1990 MAII
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. It am familiar with, a the obligations of registered agent.  SIGNATURE    Signature, types or protect name of registered agent and the if applicable. (NOTE Registered Agent Regist		FL Zip Code	Fi	City		<b>,200</b>	717,12 042	
SIGNATURE   Signature, typed or privide name of registered agent and title if applicable. (NOTE Registered Agent signature required when rewritating)   Pilling Fee Is \$50.00	and accept			ed office or register	r the purpose of changing its registe			
Filing Fee is \$50.00 Due by May 1, 2007  9.						•	•	
P. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE RA MORAN, JOHN A Delete MANAE STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE Change		DATE	en reinstating) DATE	d Agent signature required	and title if applicable. (NOTE: Registe	od or printed name of registered agent and	Signature, typed	
TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE  Change						is \$50.00 ay 1, 2007	Filing Fee I Due by Ma	F D
MAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete TITLE			ADDITIONS/CHANGE	. 1	<del></del>	MANAGING MEMBER	T.D.4	
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	□ Addition	)07119 <b>@\$<sup>hanœ</sup></b> 7-80025-017	000000711 04/26/07-800	E Et address	NA) Str		s	NAME STREET ADDRESS
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 that I am a managing member or manager limited in 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 limited liability company or the receiver or trustee employed to execute this report as required by Chapter 608 Florida Statutes.  SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Dayline Phone #	mation of the		1/2/07		Atstern	Kent 7	TURE: X	