


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90316 042 \*\*\*\*50.00

<b>DOCUMENT # L03000055246</b>	
1. Entity Name CHARLES LIEBERMAN, LLC	

**60046582**



04262007 Chg-LLC CR2E083 (12/06)

Principal Place of Business 250 NW 20TH AVENUE BOCA RATON, FL 33486	Mailing Address 250 NW 20TH AVENUE BOCA RATON, FL 33486
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2. Principal Place of Business - No P.O. Box # <b>16140 RIO RODEO</b>	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>DELRAY BEACH, FL</b>	City & State
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Zip <b>33446</b>	Country <b>PALM BEACH</b>	Zip	Country
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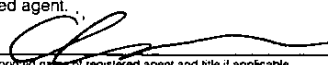
4. FEI Number <b>59-3791380</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  LIEBERMAN, CHARLES 250 NW 20TH AVENUE BOCA RATON, FL 33486	
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7. Name and Address of New Registered Agent Name <b>LIEBERMAN, CHARLES</b> Street Address (P.O. Box Number is Not Acceptable) <b>16140 RIO RODEO</b> City <b>DELRAY BEACH FL</b> Zip Code <b>33446</b>	
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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 registered agent.

SIGNATURE  DATE **4/26/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIEBERMAN, CHARLES 250 NW 20TH AVENUE BOCA RATON, FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIEBERMAN, CHARLES 16140 RIO RODEO DELRAY BEACH, FL 33446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing 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:  DATE **4/26/07** 561-883-9999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #