

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003682

FILED
Mar 11, 2007
Secretary of State

Entity Name: CHARLES R. ANSAROFF, LLC

Current Principal Place of Business:

4479 CONSTANTINE CIR
GREENACRES, FL 33463

New Principal Place of Business:

4479 CONSTANTINE CIRCLE
GREENACRES, FL 33463

Current Mailing Address:

PO BOX 541227
GREENACRES, FL 33454 US

New Mailing Address:

FEI Number: 06-1659724 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANSAROFF, CHARLES R
4479 CONSTANTINE CIR
GREENACRES, FL 33463 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ANSAROFF, CHARLES R
Address: 4479 CONSTANTINE CIR
City-St-Zip: GREENACRES, FL 33463

Title: MGR () Delete
Name: PARENT-ANSAROFF, BARBARA A
Address: 4479 CONSTANTINE CIRCLE
City-St-Zip: GREENACRES, FL 33463 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BARBARA A. PARENT-ANSAROFF

MGRM

03/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date