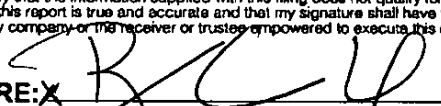


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/1/2007-90334-033-\$55.00-\$55.00

2007 JUN -6 PM 2:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L04000017695					
1. Entity Name TYCHE TIE RING ENTERPRISES, LLC					
Principal Place of Business C/O AMADA LOPEZ-CANTERA, P.A. 2300 CORAL WAY, SUITE 201 MIAMI, FL 33145			Mailing Address C/O AMADA LOPEZ-CANTERA, P.A. 2300 CORAL WAY, SUITE 201 MIAMI, FL 33145		
2. Principal Place of Business - No P.O. Box # 888 BRICKELL KEY DRIVE Suite, Apt. #, etc. APT 3012 City & State MIAMI, FL Zip 33131 Country US			3. Mailing Address 888 BRICKELL KEY DRIVE Suite, Apt. #, etc. APT 3012 City & State MIAMI, FL Zip 33131 Country US		
04252007 Chg-LLC CR2E083 (12/06)			4. FEI Number 20-3738268		
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			Applied For Not Applicable		
6. Name and Address of Current Registered Agent CORPORATE PROCESS SERVICES, INC. 2300 CORAL WAY, SUITE 103 MIAMI, FL 33145			7. Name and Address of New Registered Agent 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 registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUELLO, RICHARD 2300 CORAL WAY, SUITE 201 MIAMI, FL 33145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUELLO, RICHARD 888 BRICKELL KEY DRIVE APT 3012 MIAMI, FL 33131	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 606, Florida Statutes.					
SIGNATURE:  _____ SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					