2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED Jul 10, 2007 08:00 AM Secretary of State

Daylime Phone *

	WIMIONE VELOVI		$\alpha' \cdot \alpha \alpha^{-1}$	
1. Entity Nam	MENT # L04000018556		Secretary of Star	
Principal Place of Business Mailing Address				
798 SOUTH I BOCA RATON	Federal Highway, Ste. 100 798 South Federal Highw I, Fl. 33432 Boca Raton, Fl. 33432	AY, STE. 100		
DO NOT WRITE IN THIS SPACE			07022007No Chg-LLC CR2E083 (11/05)	
			4. FEI Number Applied For	
			20-0894639 Not Applicable 5. Certificate of Status Desired \$5.00 Additional	
	6. Name and Address of Current Registered Agent		Fee Required	
MACLAREN, LINDA O 798 SOUTH FEDERAL HIGHWAY, STE. 100 BOCA RATON, FL 33432			DO NOT WRITE	
			IN THIS SPACE	
***************************************			To the second	
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 Sand a O Ma there				
Signature, typed or proted name of registered agent and title if applicable (NOTE Registered Agent signature required when remstating). DATE DATE				
Filing Fee is \$50.00 Due by September 14, 2007				
9.	MANAGING MEMBERS/MANAGERS MGR	-		
NAME	DOTO, ROBERT			
STREET ADDRESS CITY-ST-ZIP	2 HOBBY LANE _ BEDFORD, NY 10506		1100000767599	
TITLE NAME			U00000767538 07/10/07-80008-022 50.00	
STREET ADDRESS				
TITLE		-		
NAME STREET ADDRESS				
CITY-ST-ZIP		<u>.</u>	DO NOT WRITE	
TITLE NAME			IN THIS SPACE	
STREET ADDRESS				
CITY-SI-ZIP		-		
NAME STREET ADDRESS				
CITY-ST-ZIP				
TOTLE				
STREET ADDRESS				
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				
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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				