## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

B. 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, and accept the obligations of registered agent.  SIGMATURE  FILING Fee is \$50.00  Due by May 1, 2007  MANAGING MLMBERS/MANAGERS  TITLE  MANE STREET ADDRESS  GITY-ST-2P  TITLE  MAME STREET ADDRESS  GITY-ST-2P  TITL	ANNUAL REPORT				Secretary of S		
B. Name and Address of Current Registered Agent  FILICHTER, SHAWN 1333 WORTH COURT N.E. PALM BAY, FL 32905  B. Name and Address of Current Registered Agent  FILICHTER, SHAWN 1333 WORTH COURT N.E. PALM BAY, FL 32905  B. The above named entity submits this statement for the purpose of changing its registered agent, or both, i on the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  MANAGING INLIBITS/MANAGERS  THE NAME NAME STREET ADDRESS  GIY-51-3P  PALM BEACH, FL 32905  THE NAME STREET ADDRESS  GIY-51-3P  TITLE NAME STREET ADDRESS  TITLE NAME STREET ADDRESS  TITLE THE NAME STREET ADDR	DOCUMENT # L04000028575  1. Entity Name						
DO NOT WRITE IN THIS SPACE  4. FEINumber NOT APPLICABLE 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent  RICHTER, SHAWN 1333 WORTH COURT N.E. PALM BAY, FL 32905  B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SUBJECT:  TITLE MAME STREET ADDRESS  OCTY-51-2P PALM BEACH, FL 32905  DO NOT WRITE IN THIS SPACE  STREET ADDRESS  OCTY-51-2P TITLE MAME STREET ADDRESS  THE ADDRESS  TITLE MAME STREET ADDRESS  THE ADDRESS	1333 WORTH COURT N.E. 1333 WORTH COURT N.E.						
RICHTER, SHAWN 1333 WORTH COURT N.E. PALM BAY, FL 32905  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both. I in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signature typed to printed name of implaced upon and table if applicable.   00712 hepicored Agent separated when ir   musting)   DATE    Filling Fee is \$50.00   U0.000.076.02.00	DO NOT WRITE IN THIS SPA			CE	04302007 No Chg-LLC         CR2E083 (11/05)           4. FEI Number NOT APPLICABLE         Applied For Not Applicable           5. Cortificate of Status Desired         \$5.00 Additional		
SIGNATURE    Signature, typed or printed name of implacend agent and tale of applicable.   (NOTE Registered Agent signature required when re   mistang)   DATE	1333 WOR	SHAWN RTH COURT N.E.	tegistered Agent -				
9. MANAGING MEMBERS/MANAGERS  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	the obligati	ons of registered agent.		- -		ar with, and accept	
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$50.00 Due by May 1, 2007				<u> </u>		
TITLE  NAME  SUPPLET AND DESC	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR RICHTER, SHAWN 1333 WORTH COURT N.E. PALM BEACH, FL 32905	/MANAGERS				

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I furt her 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 ma limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE

4-30-07 321-652-9363

EXCHATURE AND TYPED OR PRINTED MAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daix

Daytime Phone #