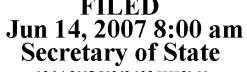
## 2007 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**



DOCUMENT # L04000029425  1. Ertity Name NEW DAWN COOPER CITY, LLC								7 90362 035 °		50.00	
Principal Plac 2601 SOUTH COCONUT GR	E DRIVI 33133	e, suite 200		) (DAKET) E() )	Deux eceni espin semi ee	TI KURU MUNU TUN AIRIR T	iss: cus	ffi iR (OT)			
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				04232007	Chg-LLC	CR2E083 (12	/06)		
City & Stat	á	City & State				4. FEI Numbe	-011519	5	<del></del>	plied For Applicable	
Zip	Country	Zip	Coun				of Status Desired	□ \$5.00 Fee Re	) Addi	tional	
6. Name and Address of Current Registered Agent No. No.					7. Name and Address of New Registered Agent Name						
KAPLAN, JACK 2601 S BAYSHORE DR, #200				Street Address (P.O. Box Number is Not Acceptable)							
COCONU	T GROVE, FL 33133										
				City					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											
Signature, typed or printed name of registared agern and site if applicable. (NOTE: Registered Agent aggreture required when renstating)  DATE											
Fi D	iling Fee is \$50.00 ue by May 1, 2007					-		e check payable Department of		;	
9.	MANAGING MEMBE		10.			!	ADDITIONS	CHANGES			
NAME	MGR KAPLAN, JACK	Deteta	TITLE NAME					☐ Cha	nge	Addition	
STREET ADDRESS CITY-ST-ZIP	2601 S BAYSHORE DR, STE 20 COCONUT GROVE, FL 33133	0		et address - St - ZIP							
TITLE NAME	MGR AVILA, EDUARDO	☐ Delete	TITLE					☐ Cha	nge	Addition	
STREET ADDRESS CITY-ST-ZIP	2601 S BAYSHORE DR, STE 20 COCONUT GROVE, FL 33133	· -	STRE	ET ADORESS -ST-ZIP						·	
TITLE	MGR	☐ Delete	TITLE					Cha	nge	Addition	
NAME STREET ADDRESS	COSTOYA, FRANK 5400 UNIVERSITY DR, #103		NAM! STRE	ET ADORESS							
TITLE	DAVIE, FL_33328	Delete	TITLE	- 51 - 73P		·		☐ Cha		Addition	
NAME STREET ADDRESS			NAME STREET	ET ADORESS							
CITY-ST-ZIP			CITY	ST-ZIP							
TITLE NAME		☐ Delete	TITLE	l l				☐ Cha	nge	Addition	
STREET ADDRESS CITY-ST-ZIP				et adoress - St-Zip							
TITLE NAME		☐ Delete	TITLE					☐ Chau	nge	Addition	
STREET ADDRESS CITY-ST-ZIP			STREE	ET ADORESS -ST-ZIP							
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 ilmited liability company or the receiver or trustee expowered to execute this report as required by Chapter 508, Florida Statutes.											