2007 LIMITED LIABILITY COMPANY

FILED Feb 22, 2007 08:00 AM Secretary of State

	701	ANNUAL	REPORT			Secretary of St
1. Entity Nam		.04000030	573			
Principal Place	e of Business		Mailing Address			
5201 GULF D Holmes Bea	ORIVE ACH, FL 34217	us	5201 GULF DRIVE Holmes Beach, FL 34217	US	A JOSHIBH SII SBIK SISM SBIK SIIK SIIK	esipe inii belel elik istee ikeel ili 1881
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			IN THIS SPA		02072007 No Chg-LLC	CR2E083 (11/05)
in the party L		WHILE	IN THIS SPA	CE	4. FEI Number	Applied For
$\hat{\rho}_{i}^{j} = \hat{\rho}_{i}^{j} + \hat{\rho}_{i}^{j} + \hat{\rho}_{i}^{j}$	n garage				20-1031409	Not Applicable \$5.00 Additional
$j_{i}^{(i)}:=J_{j}^{(i)}=J_{j}^{(i)}$				Allegaries and Allegaries	5. Certificate of Status Desired	Fee Required
	6. Name and	Address of Current		The state of the s		The All Control of the All Contr
AI EXAND	ER, WILLIAM	FIV			DO NOT W	DITE
5201 GULF DRIVE			[12], 위기 중인 - 경기 - 경기 등 기기	- 17 Mei 1922 - 1924 - 1924 - 1924 - 1924 - 1924 - 1924 - 1924 - 1924 - 1924 - 1924 - 1924 - 1924 - 1924 - 192	1.6 C.E. 104, 31 C.M. 214 (2.15) 80 C.S.	
HOLMES	BEACH, FL 34	4217			IN THIS SP	ACE
						电弧操作者 医水果
@ The above	named entity sub	mits this statement fo	r the purpose of changing its registe	ered office or registe	red agent, or both, in the State of Flo	
the obligat	ions of registered	agent.	who purpose or origing no region			
SIGNATURE						2-14-07
	Signature, typed or print	ed name of registered agent	and little if applicable (NOTE, Registe	red Agent signature requires	d when reinstating)	DATE
	iling Fee is \$! ue by May 1,					
9.		MANAGING MEMBE	RS/MANAGERS			
TITLE	MGR	14/0 1 1414 F 11/			类的表情的	
NAME STREET ADDRESS	5201 GULF DI	WILLIAM F IV RIVE				
CITY-ST-ZIP		CH, FL 34217				
TITLE	MGR					
NAME STREET ADDRESS	TALBERT, QU 5201 GULF D			1 19 51 Sec. 2		
CITY-ST-ZIP		CH, FL 34217		de la		1644350
TITLE	MGR			一 『 5篇 188 . 30』 』 10b/236 . 31	03/02/07	-80037-014 50.00
NAME	VANDEVRED					
STREET ADDRESS CITY-ST-ZIP	5201 GULF DI	KIVE ACH, FL 34217			DO NOT W	RITE
TITLE					IN THIS SF	
NAME						
STREET ADDRESS CITY-ST-ZIP						
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NAME				The state of		
STREET ADDRESS	1					Walling of Harmin
CITY-ST-ZIP	 					
TITLE NAME	1					
STREET ADDRESS					เมื่อในเกิดเกล้าจะไม่เกิดต้นเ	

11. I hereby certify that the information supplied with this filling 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 608, Florida Statutes.

SIGNATURE: David Vande V

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

CITY-ST-ZIP

2.17.01

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