2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT					Apr 17, 2008 8:00 am Secretary of State			
DOCUMENT # L04000032801					Secretary of	of Stat	Δ 1111	
1. Entity Nam					04-17-2008 90173 025 ***138.75			
Tunbu inot oporoun roots tts					04-17-2008 90173 0.	25 156.75	,	
Dissipat Bloo		A failing Andress	600 W					
Principal Place of Business 1502 SW MERCEDES AVE		Mailing Address 2800 E COMMERCIAL BLVI	D 1					
PORT ST LUCIE, FL 34953		STE 208	N /	ľ	00000030			
		FT. LAUDER ALE, FL 33308						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		13900 S. JOG ROAD			03042008 Chg-LLC CR2E083 (12/06)			
City & State		# 203-276 — DELRAY BEACH, FL 33446 USA			4. FEI Number	Ap	plied For	
Zip Country					27-0089877	No. \$5.00 Add	t Applicable	
Ζίρ	Country				5. Certificate of Status Desired	Fee Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
KATZ, ALLEN H			ALL	EN H K	TAZ, P.A.			
2800 E COMMERCIAL BLVD STE 208 STE 208		1,4000°	1		OG ROAD			
FT. LAUDERDALE, FL 33308		" ->	# 2	03-376 RAY B	5 FACH 33446			
Parity of the			Ci			Zip Code	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								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE The property of the printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)								
FILE NOW!!!- FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State								
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/CHANC	ES.	in	
TITLE NAME	MGR BIFULCO, JERRY	☐ Delete	title Name	*		☐ Change	☐ Addition	
STREET ADDRESS	1502 SW MERCEDES AVE		STREET ADDRESS		4			
CITY-ST-ZIP	PORT ST LUCIE, FL 34953		CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE			☐ Change	☐ Addition	
NAME			NAME .					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAMÉ			NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				:	
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP		•			
TITLE		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
NAME STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-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 limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								

SIGNATURE: THE SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUXILIONIZED REPRESENTATIVE

FILED

X772-344-3906