


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90059 039 \*\*\*\*50.00

<b>DOCUMENT # L04000040091</b>	
1. Entity Name <b>CHALLENGE ENTERPRISE INTERNATIONAL, LLC.</b>	

Principal Place of Business <b>10614 ALICO PASS NEW PORT RICHEY, FL 34655</b>	Mailing Address <b>10614 ALICO PASS NEW PORT RICHEY, FL 34655</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>57-1206259</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>CANTRELL-BOLLWECK, LISA P 891 CRESTRIDGE CIRCLE TARPON SPRINGS, FL 34688</b>		7. Name and Address of New Registered Agent Name <i>Cantrell-Bollweck, Lisa P</i> Street Address (P.O. Box Number is Not Acceptable) <i>10614 Allico Pass</i> City <i>New Port Richey</i> <b>FL</b> Zip Code <i>34655</i>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM CANTRELL-BOLLWECK, LISA P 891 CRESTRIDGE CIRCLE TARPON SPRINGS, FL 34688</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MGRM Cantrell-Bollweck, Lisa P 10614 Allico Pass New Port Richey, FL 34655</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM BOLLWECK, MANFRED 891 CRESTRIDGE CIRCLE TARPON SPRINGS, FL 34688</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MGRM Bollweck Manfred 10614 Allico Pass New Port Richey, FL 34655</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

Date

Daytime Phone #

*1-8-07 727-312-8989*