

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000043908

1. Entity Name
T-CHEM, LLC.



Principal Place of Business
8401 LAGOS DE CAMPO
BLDG V SUITE 308
TAMARAC, FL 33021

Mailing Address
8401 LAGOS DE CAMPO
BLDG V SUITE 308
TAMARAC, FL 33021

2. Principal Place of Business - No P.O. Box #
2269 NE 2nd Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Boca Raton, FL

City & State

Zip
33431

Zip

Country

05312007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1232826	Applied For
	Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDINI, CESAR
8401 LAGOS DE CAMPO
BLDG V SUITE 308
TAMARAC, FL 33021

Name *Fernandini Cesars.*

Street Address (P.O. Box Number is Not Acceptable)

2269 NE 2nd Ave.

City Boca Raton	FL	Zip Code 33431
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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

Cesar Fernandini

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGRM
NAME FERNANDINI, CESAR
STREET ADDRESS 8401 LAGOS DE CAMPO
CITY-ST-ZIP BLDG V SUITE 308, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*MGRM
Fernandini Cesars.
2269 NE 2nd Ave.
Boca Raton FL 33431*

Change Addition

TITLE MGR
NAME CABALLERO, MARIA D
STREET ADDRESS 8401 LAGOS DE CAMPO
CITY-ST-ZIP BLDG V SUITE 308, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*MGR
Cabalero Maria D.
2269 NE 2nd Ave.
Boca Raton FL 33431*

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *Cesar Fernandini*

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

✓/31/07.

Date

Daytime Phone #