

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000044417

**FILED**  
**Aug 07, 2007**  
**Secretary of State**

**Entity Name:** COMMON INTERESTS LLC

**Current Principal Place of Business:**

6913 NW 126TH AVENUE  
PARKLAND, FL 33076

**New Principal Place of Business:**

6254 HIATUS RD.  
TAMARAC, FL 33321

**Current Mailing Address:**

6913 NW 126TH AVENUE  
PARKLAND, FL 33076

**New Mailing Address:**

6254 HIATUS RD.  
TAMARAC, FL 33321

**FEI Number:** 20-1275864      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: WELLMAN, THOMAS  
Address: 6913 NW 126TH AVENUE  
City-St-Zip: PARKLAND, FL 33076

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: WELLMAN, THOMAS  
Address: 6254 HIATUS RD.  
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS WELLMAN

MR.

08/07/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date