


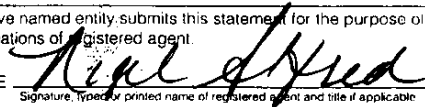
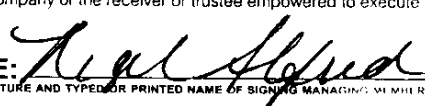
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 14, 2007 8:00 am
Secretary of State

09-14-2007 90028 014 ****50.00

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DOCUMENT # L04000046423			
1. Entity Name ALFRED & WARE, LLC			
Principal Place of Business 1033 W. JASMINE LANE NORTH LAUDERDALE, FL 33068		Mailing Address 1033 W. JASMINE LANE NORTH LAUDERDALE, FL 33068	
2. Principal Place of Business - No P.O. Box # 5833 W OAKLAND PK BLVD		3. Mailing Address SAME	
Suite, Apt. #, etc. 319		Suite, Apt. #, etc. SAME	
City & State LAUDERHILL FL		City & State SAME	
Zip 33313	Country US	Zip SAME	Country SAME
6. Name and Address of Current Registered Agent ALFRED, NIGEL 1033 W. JASMINE LANE NORTH LAUDERDALE, FL 33068		7. Name and Address of New Registered Agent Name ALFRED, NIGEL Street Address (P.O. Box Number is Not Acceptable) 5833 W OAKLAND PARK BLVD #319 City LAUDERHILL FL Zip Code 33313	
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 		DATE 8/30/07	
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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALFRED, NIGEL 1033 W. JASMINE LANE NORTH LAUDERDALE, FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALFRED, NIGEL 5833 W OAKLAND PARK BLVD #319 LAUDERHILL FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WARE, CHARLETTE 1033 W. JASMINE LANE NORTH LAUDERDALE, FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WARE, CHARLETTE POB 1136 FT LAUDERDALE FL 33302 <input checked="" 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
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: 		DATE: 8/30/07 (954) 202-1061	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	