

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90076 039 \*\*\*\*55.00

60021312



02262007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-1273046** Applied For ☐ Not Applicable ☒

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

## 6. Name and Address of Current Registered Agent

SNOW, JEFFREY E ESQ  
781 SW 2ND STREET  
BOCA RATON, FL 33486

## 7. Name and Address of New Registered Agent

Name **Jeffrey E. Snow**  
Street Address (P.O. Box Number is Not Acceptable) **781 SW 2nd Street**  
City **Boca Raton** **FL** Zip Code **33486**

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 **Jeffrey E. Snow** DATE **2/26/07**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SCROGGIE, ARTURO	
STREET ADDRESS	10689 HERITAGE BOULEVARD	
CITY - ST - ZIP	LAKE WORTH, FL 33467	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	DECAPITO, ROGER B	
STREET ADDRESS	10689 HERITAGE BLVD	
CITY - ST - ZIP	LAKE WORTH, FL 33467	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SNOW, JEFFREY E	
STREET ADDRESS	781 SW 2ND STREET	
CITY - ST - ZIP	BOCA RATON, FL 33486	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BOWMAN, RICHARD	
STREET ADDRESS	14339 SMITH SUNDY ROAD	
CITY - ST - ZIP	DELRAY BEACH, FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Knight, James W	
STREET ADDRESS	740 Havana Drive	
CITY - ST - ZIP	Delray Beach, FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Jeffrey E. Snow** DATE **2/26/07** (561) 843-6661  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE