2007 LIMITED LIABILITY COMPANY, ANNUAL REPORT (AR)

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DOCU 1. Entity Nar	MENT # L040000548	i			FILE	D			
BROTHE				200	7 MAR 22 A	H II: 07			
Principal Place of Business Mailing Address					0.5	00000			
· ·	ECHOBEE BLVD	•	5589 OKEECHOBEE BLVD		TAIL	CRETARY OF	STATE		
SUITE 102		SUITE 102			IAL				
WEST PAL	M BEACH FL 33417	WEST PALM BEACH F	WEST PALM BEACH FL 33417						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE	CR2E083	3 (10/06)		
City & State		City & State			4. FEI Nur	55-08899	147	⊢	oplied For of Applicable
Zip			Country	/		ate of Status Desired		\$5.00 Add Fee Require	
6. Name and Address of Current Registered Agent				Numa	7. Name a	nd Address of Nev	/ Registered	Agent	
CRANE POPERT LEGO				Name					
515	ANE, ROBERT L ESQ 5 N FLAGLER DRIVE, #1800 ST PALM BEACH FL 33401	- -		Street Address (F	P.O. Box Nur	nber is Not Accepta	bie)		
				City			FL	Zip Cod	е
8 The above	named entity submits this statement to	The number of changing its	registered	office or register	od agent or	hath in the State of		- 1	and annual
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									
SIGNATURE Signature, typed or printed name of registered agent and trille it applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
- FILE NOW!!! FEE IS \$50.00									/
Make Check Payable to Florida Department of State									
			By May					~ 0.4	
9.	MANAGING MEMBE		10.		:	ADDITION	S/CHANGE		
JITLE	MGRM	Delete	mur	1		ADDITION	STOTIANGLE	thange	Addition
NAME	SISCA, CHARLES NAM								
STREET ADDRESS				ADDRESS				,	
CITY-S1-ZIP	WEST PALM BEACH FL 33417			1-7IP					
III.LE.	MGR	☐ Delete	ние				_	☐ Change	Addition
NAME:	3.337, 1.3321.113		NAME.		,			: I''' I''')	
STREET ADDRESS				ADDRESS	コ 10070	100033 20107—01051	INE DA16	**550.0	n)
CITY SI-ZIP	NEW CANAAN CT			1 · 7 lr	UGAL	/ ////	_ 010		
TOTE NAME	MGR	☐ Delete	, TITLE NAME					☐ Change	Addition
STREET ADDRESS	MICELI, ANTHONY 144 FIELDS CORNERS RD	· -	_?	ADDRESS				 .	-
CITY-SI-ZIP	CARMEL NY 10512		CHY-ST	I-316					,
mit	MGR	Delete	TITLE					☐ Change	Addition
NAME:	LORUSSA, ROBERT	<u> </u>	NAME						
STREET ADDRESS CITY-ST-ZIP	375 JERICHO TURNPIKE			ADDRESS					
/	SYOSSET NY 11791	\	CITY-S1	-7112		***			
TITLE Name	MGR FOLEY, BRIAN	Delete	HITTE NAME					☐ Change	Addition
STREET ADDRESS	13356 WRERHAM CT		STREET A	ADDRESS.					
CITY+ST-ZIP	WELLINGTON FL 33414		CITY-SI]
TITLE	MGR	Detete_	TITLE	-				Change	Addition
NAME	RIZZO, ANTHONY	Cioto	NAME					onunge	Li controll
STREET ADDRESS	28 FEDERAL RD		STREET	ADDRESS					ļ
CITY-ST-ZIP	DANBURY CT 06810		CITY-SI	· ZIP		_			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver of the same logal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver of the same logal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver of the same logal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver of the same logal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver of the same logal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver of the same logal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver of the same logal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver of the same logal effect as if made under eath limited liability company or the receiver of the same logal effect as if made under eath limited liability company or the receiver of the limited liability company or the receiver of the limited liability company or the receiver of the limited liability company or the limited liability company or the receiver of the limited liability company or the									
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SIGNATURE: SIGNATURE AND TYPE OR PROPERTY OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Detail Description Phone #									