2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 02, 2007 8:00 am Secretary of State DOCUMENT # L04000056862 1. Entity Name 02-02-2007 90034 019 ****50.00 WHAT NEXT, LLC Principal Place of Business Mailing Address 2225 N.E. 15TH COURT 2225 N.E. 15TH COURT FT. LAUDERDALE, FL 33304 FT. LAUDERDALE, FL 33304 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 1662 markel rive Suite, Apt. #, etc. 01302007 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number Garden <u>Winterbarden</u> 51-0517328 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired П 787 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHEIVE, CYNTHIA M Street Address (P.O. Box Number is Not Acceptable) 2225 N.E. 15TH FT. LAUDERDALE, FL 33304 City Zip Code 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 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR mcr TITLE ☐ Delete TITLE (X) Change ☐ Addition Cynthia M. Sheive SHEIVE, CYNTHIA M NAME NAME markel Drive STREET ADDRESS 2225 N.E. 15TH COURT STREET ADDRESS 34787 FT, LAUDERDALE, FL 33304 CITY-ST-ZIP CITY-ST-ZIP mar MGR HΠF ☐ Delete ₹Π1 F VERDIER, GARY D NAME NAME STREET ADDRESS **2225 NE 15TH COURT** STREET ADDRESS 34787 CITY-ST-7IP FORT LAUDERDALE, FL 33304 CHY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MΠΕ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED