

FILED
Jan 29, 2007 8:00 am
Secretary of State

DOCUMENT # L04000066962



Mailing Address
1300 NORTHWEST 167TH STREET, SUITE 3
MIAMI, FL 33169

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip	Country
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01252007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1934803

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORGAN, CHARLES O JR
1300 NORTHWEST 167TH STREET, SUITE 3
MIAMI, FL 33169

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FI 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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

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

9. MANAGING MEMBERS/MANAGERS

10.	ADDITIONS/CHANGES
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TITLE	MGRP	<input type="checkbox"/> Delete
NAME	KEENAN, JOHN M	
STREET ADDRESS	431 S E 9TH STREET	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33316	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SAVILL, AUDREY	
STREET ADDRESS	431 S E 9TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	413 Hendricks Isle		
CITY-ST-ZIP	Ft. Lauderdale, FL 33301		

TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	413 Hendricks Isle		
CITY-ST-ZIP	Ft. Lauderdale, FL 33301		

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		

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: John M. Korman, P. Mar.

1/25/07 (305)624.0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____