FILED Apr 28, 2008 08:00 AN Secretary of State

626-938-1988

Daytime Phone #

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

	ANNUA	L REPORT		_		
DOCUMENT # L04000067337						
1. Entity Nam EPHRAIN						
4661 JOHNS	ncipal Place of Business Mailing Address 161 JOHNSON ROAD, SUITE 7 CONUT CREEK, FL 33073 WEST COVINA, CA 91791		H, SUITE B-18		ANN JASSE INSS INN 1888È IN 1881	
DO NOT WRITE IN THIS SPAC				02262008 No Chg-LLC C	CR2E083 (12/07) Applied For Not Applicable	
				5. Certificate of Status Desired	\$5.00 Additional	
	6. Name and Address of Curre	nt Registered Agent				
HSU, ANDREW 4661 JOHNSON ROAD, SUITE 7 COCONUT CREEK, FL 33073				DO NOT WRITE IN THIS SPACE		
SIGNATURE. FILE After May	Sgnabze, typed or printed name of registered age. NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.		tered Agont signature required	100000	oate 1929405 -80068-005 138.71	
9.	MANAGING MEN	IBERS/MANAGERS		,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HSU, ANDREW 2155 E. GARVEY AVE. NORT WEST COVINA, CA 91791	H, SUITE B-18				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WR	ITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPA	CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS		, , <u>,</u> , U	- 			
11. I hereby indicated limited lia	certify that the information supplied to on this report is true and accurate ability company or the receiver or true	with this filing does not qualify for the and that my signature shall have the ustee empowered to example this repx	e exemptions containe same legal effect as ort as required by Cha	od in Chapter 119, Florida Statutes. I furth if made under oath; that 1 am a managin apter 608, Florida Statutes.	ner certify that the information ig member or manager of the	

Andrew Hsu

TURE AND TYPED OR PRINTED NAME OF SIGNING MANAGINA MEMBER, OR AUTHORIZED REPRESENTATIVE