

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075493

FILED
Jan 17, 2007
Secretary of State

Entity Name: POPIAR, LLC

Current Principal Place of Business:

4500 BANYAN TRAILS DRIVE
COCONUT CREEK, FL 33073

New Principal Place of Business:

62 INDIAN TRACE
#65
WESTON, FL 33326

Current Mailing Address:

4500 BANYAN TRAILS DRIVE
COCONUT CREEK, FL 33073

New Mailing Address:

62 INDIAN TRACE
#65
WESTON, FL 33326

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BSPA CORPORATE SERVICES, INC.
350 EAST LAS OLAS BOULEVARD, SUITE 1000
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: POPIAR, LLC,
Address: 4500 BANYAN TRAILS DRIVE
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM () Delete
Name: CUFF, EDITH M MGRM
Address: 4500 BANYAN TRAILS DRIVE
City-St-Zip: COCONUT CREERK, FL 33073

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: POPKN, GREGG R
Address: 62 INDIAN TRACE # 65
City-St-Zip: WESTON, FL 33326

Title: MGRM (X) Change () Addition
Name: CUFF, EDITH M MGRM
Address: 62 INDIAN TRACE #65
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GREGG R POPKIN

P

01/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date