



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90032 008 \*\*\*\*50.00

<b>DOCUMENT # L04000082083</b> 1. Entity Name <b>TEHUELCHÉ, LLC</b>					
Principal Place of Business <b>321 N. UNIVERSITY DRIVE PLANTATION, FL 33324</b>			Mailing Address <b>321 N. UNIVERSITY DRIVE PLANTATION, FL 33324</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-1880169</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HUANG, HONG 21200 NE 38TH AVE #2703 AVENTURA, FL 33180</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <del>HE, YEJUN</del> <i>wei chen</i> 321 N. UNIVERSITY DRIVE PLANTATION, FL 33324	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIU, RUYIN 321 N. UNIVERSITY DRIVE PLANTATION, FL 33324	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZHANG, WENTAO 321 N. UNIVERSITY DRIVE PLANTATION, FL 33324	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date <b>01-30-2007</b> Daytime Phone # <b>954-6938880</b>					