


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90231 024 \*\*\*138.75

<b>DOCUMENT # L04000083855</b>	
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<b>Principal Place of Business</b> 1365 W. ISLAND CLUB SQUARE VERO BEACH, FL 32963 US	<b>Mailing Address</b> 11860 WILES ROAD CORAL SPRINGS, FL 33076 US
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**60020384**



<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 11866 WILES ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b> CORAL SPRINGS FL	
<b>Zip</b>	<b>Country</b>	<b>Zip</b> 33076	<b>Country</b>

04042008 Chg-LLC CR2E083 (12/06)

**4. FEI Number**  
20-2209607

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

<b>6. Name and Address of Current Registered Agent</b>  SINGER, ALAN J 1365 W. ISLAND CLUB SQUARE VERO BEACH, FL 32963
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<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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.**

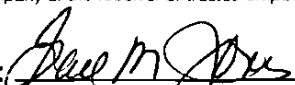
**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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MANAGING MEMBERS/MANAGERS	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> SINGER, ALAN J 1365 W. ISLAND CLUB SQUARE VERO BEACH, FL 32963 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> JONES, GAIL 11866 WILES RD CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**  **GAIL M JONES** **4-4-08 9547533501**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #