## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Apr 16, 2007 8:00 am Secretary of State

1. Entity Name	е	# L0400086 OPMENT, LLC	6687					04-16-2007 90	0342 012	. ****50.0	)()
Principal Place 2645 N.E. 20 NO. MIAMI, FI	7 STREET	s US	Mailing Address 2645 N.E. 207 STREET NO. MIAMI, FL 33180								
2. Principal Pl	lace of Busin	ness - No P.O. Box#	3. Mailing Address								
Suite, Apt.	#, etc.	···	Suite, Apt. #, etc.				04122007				TO BE ILL THE S
City & State			City & State				4. FEI Numbe	Chg-LLC er	CRZEC	183 (12/06)	oplied For
Zip Country		Zip	try		\$5.00 ********				ot Applicable		
	6. Name	and Address of Current	Registered Agent	<u> </u>		_		Address of New	Registered	Fee Require	
					Name			Addison of How	1091010101		
LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BLVD. SUITE 501				Street Address			P.O. Box Number	er is Not Acceptab	le)		
AVENTUR.	,	180									
	<del></del>				City		<del> </del>	<del></del> -	FL	Zip Cod	
	named entiti ions of regist		or the purpose of changing its	registere	ed office o	r register	ed agent, or bot	h, in the State of F	orida. 1 am	familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signal	ure required	when reinstating)		DATE		<del>_</del>
	24.										
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9.	Ilng Fee i ue by Ma	MANAGING MEMB	ERS/MANAGERS	TITL				Florid	a Departm	ent of Stat	e Addition
9.	MGR BOANO,	MANAGING MEMB		TITLI				Florid	a Departm	ent of Stat	
9. TITLE NAME	MGR BOANO, 0	MANAGING MEMBI		TITLI NAM STRE	E			Florid	a Departm	ent of Stat	
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