## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90062 035 \*\*\*\*50.00

Address Address Sunt THREE SUITE THREE FORT LAUDERDALE, FL 33312  2. Principal Place of Business - No P.O. Box # 3. Mailing Address Sunt THREE FORT LAUDERDALE, FL 33312  2. Principal Place of Business - No P.O. Box # 3. Mailing Address Sunt Three Fort LAUDERDALE, FL 33312  2. Principal Place of Business - No P.O. Box # 3. Mailing Address Sunt Three Fort LAUDERDALE, FL 33432  2. Principal Place of Business - No P.O. Box # 3. Mailing Address Sunt Three Sunt Th	1. Entity Nam	MENT # L0400008 o west, llc	39924					.00	
96 S Federal Hwy, Ste 200 Boca Raton, FL 33432  279  Country Country Country Space Raton, FL 33432  280 Country Space Raton, FL 33432  29 St. Oxforticated of Status Desired St. Name and Address of Current Registered Agent T, Name and Address of New Registered Agent T, Name and Addr	3900 SW 30 Suite Three Fort Laude	TH AVENUE E RDALE, FL 33312	3900 SW 30TH AVENI Suite Three Fort Lauderdale, F						
Country   Country   Country   Country   Country   St. Co						g-LLC CR2	· · ·	plied For	
RICHARDSON, JOHN J ESO. 3900 SW 30 AVE STE 3 FORT LAUDERDALE, FL 33312  B. The above named entity submets this statement for the purpose of optinging its registioned office a registered agent, or born, in the State of Ronda. I am fishiliar with, and accept the obligators of registerate statement for the purpose of optinging its registioned office a registered agent, or born, in the State of Ronda. I am fishiliar with, and accept the obligators of registerate agent, or born, in the State of Ronda. I am fishiliar with, and accept the obligators of registerate agent, or born, in the State of Ronda. I am fishiliar with, and accept the obligators of registerate agent, or born, in the State of Ronda. I am fishiliar with, and accept the obligators of registerate agent, or born, in the State of Ronda. I am fishiliar with, and accept the obligators of registerate agent, or born, in the State of Ronda. I am fishiliar with, and accept the obligators of registerate agent, or born, in the State of Ronda. I am fishiliar with, and accept the obligators of registerate agent, or born, in the State of Ronda. I am fishiliar with, and accept the obligators of registerate agent, or born, in the State of Ronda. I am fishiliar with, and accept the fishiliar with, and accept the product of Ronda agent agent, or born, in the State of Ronda agent, or born, in the St	***	Country		Zip Country				\$5.00 Additional	
St. John J Richardson, Esq.  1824 SE 4 <sup>th</sup> Avenue    City Ft. Lauderdale. FL 33316			ent Registered Agent		7. Name and Addre	ss of New Registere			
Filing Fee is \$50.00    Due by May 1, 2007   State   Make check payable to Florida Department of State   Make check payable to Florida Department of State	3900 SW 3 FORT LAL	30 AVE STE 3 JDERDALE, FL 33312  named entity submits this statemen	at for the purpose of changing its	182 ci, Ft.	24 SE 4 <sup>th</sup> Avent Lauderdale. FL	ie 33316	➡   m familiar with,	and accept	
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  TILLE MGRM	•	John K	gent and title if applicable.	TE: Registered Agent signature re	equired when reinstating)	4\2	7/07		
TITLE MARE STREET ADDRESS CITY-ST-ZIP  TITLE MANE ANNECEA, MICKY STREET ADDRESS CITY-ST-ZIP  TITLE MANE ANNECEA, MICKY STREET ADDRESS CITY-ST-ZIP  TITLE MANE STREET ADDRESS C								•	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE MGRM ANNECEA, MICKY STREET ADDRESS CITY-ST-ZIP CORES STREET ADDRESS CITY-ST-ZIP  TITLE MGRM ANNECEA, MICKY STREET ADDRESS CITY-ST-ZIP  TITLE MGRM ANNECEA, MICKY STREET ADDRESS CITY-ST-ZIP  TITLE MANE STREET ADDRES	9.	MANAGING MEN	MBERS/MANAGERS	10.		ADDITIONS/CHANG	ES		
STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33312  CITY-ST-ZIP FORT LAUDERDALE, FL 33312  CITY-ST-ZIP  MAGRM ANNECEA, MICKY 3900 SW 30TH AVENUE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33312  CITY-ST-ZIP  MAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE			☐ Delete				Change	Addition	
ANNECEA, MICKY 3900 SW 30TH AVENUE FORT LAUDERDALE, FL 33312  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	3900 SW 30TH AVENUE, SUI	STREET ADDRESS						
STREET ADDRESS CITY-S1-ZIP FORT LAUDERDALE, FL 33312    Delete		ł .	☐ Delete				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	3900 SW 30TH AVENUE	312	STREET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZI	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  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.	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP  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.	NAME Street address		☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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.	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			Change	Addition	
	indicatéd limited lia	on this report is true and accurate a billity company or the receiver or true	and that my signature shall have	the same legal effect a	is if made under oath; that I	am a managing men s.	nber or manage	r of the	