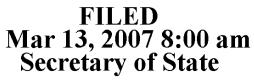
## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT** DOCUMENT #1 04000090489



1. Entity Name SEVENTHEAVEN ENTERPRISES, LLC					03-13-2007 90117 013 ****55.00				
Principal Place of Business 10052 WINDING LAKE RD #102 SUNRISE, FL 33351		Mailing Address 10052 WINDING LAKE RD #102 SUNRISE, FL 33351			( Jackson W	. <del>20</del> 07. 2001. <b>20</b> 11. 2011. 2011.	<b>An</b> ıı i 1816 - 64	M 8:84	<b>1 2</b> 1 4 11 ( <b>80</b> 1
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02142007	Chg-LLC	CR2E0	83 (12/06)	
City & State		City & State			4. FEI Number 20-2663275				plied For Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Required	
	6. Name and Address of Current R	egistered Agent	7. Name a			Address of New Re	gistered /	\gent	
DIAZ, LEONARDO			Name				<del> </del>		
	IDING LAKE RD #102			Street Address (P.O. Box Number is Not Acceptable)					
			C	City			FL	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 Signature, typed or printed name of registered agent and title it applicable (NOTE Pegistered Agent signature required when reinstating)  DATE									
	ling Fee is \$50.00 ue by May 1, 2007				Make check payable to Florida Department of State				
9.	MANAGING MEMBER	I RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE NAME	MGR CORDOBA, ALVARO		TITLE NAME	MGR CALV	O, PAULINA			☐ Change	X Addition
STREET ADDRESS CITY-ST-ZIP	•			DORESS 1681					
TITLE	MGR	☐ Delete	TITLE	- 1	SIDENT			Change	Addition
NAME Street address	,		name Street al		DIAZ, LEONARDO 4764 SW 154 COURT				
CHTY-ST-ZIP			CITY-ST-	ZIP MIAN	MIAMI, FL 33185				
TITLE NAME	MGR MARIN AVILA, GIOVANNY É	🗓 Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS	10932 W. SAMOLE ROAD		STREET A	1					Ì
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	Delete	CITY-ST-	-ZIP				☐ Change	☐ Addition
NAME		LLI Delete	NAME					C Change	
STREET ADDRESS CITY-ST-ZIP			STREET A						
TITLE		☐ Delete	TITLE NAME					☐ Change	Addition
NAME Street address City-St-Zip			STREET A						
TISLE		☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET A	i i					
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 eath; 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.									
infinited inability confidency of the receiption of prosteed and execute this reported by Chapter ode, Profide Statutes.									