DOCU	DO7 LIMITED LIABILITY COM ANNUAL REPORT MENT # L05000004134		Apr 23, 2007 08:00 Secretary of State
P.O. BOX 12 New Smyrn	e of Business Mailing Address 46 P.O. BOX 1246 A BEACH, FL 32170 NEW SMYRNA BEACH, FI <b>OO NOT WRITE IN THIS SI</b>	<u> </u>	03202007 No Chg-LLC CR2E083 (11/05)   4. FEI Number Applied For 20-2165274 Not Applicable  5. Certificate of Status Desired S5.00 Additional
SHEIN, DA	6. Name and Address of Current Registered Agent VID E AU GALLIE BLVD		DO NOT WRITE
MELBOUF	RNE, FL 32935	registered office or registe	IN THIS SPACE ared agent, or both, in the State of Florida. I am familiar with, and accept
MELBOUF 3. The above the obligat SIGNATURE_ Fi Di Di 3.	RNE, FL 32935         named entity submits this statement for the purpose of changing its reions of registered agent.         Signature typed or printed name of registered agent and title if applicable.         (NOTE         titing Fee is \$50.00         ue by May 1, 2007	registered office or registe Registered Agent signeture require	ared agent, or both, in the State of Florida. I am familiar with, and accept
MELBOUF 3. The above the obligat SIGNATURE_ FI DI DI DI DI DI DI DI DI DI D	ANE, FL 32935 named entity submits this statement for the purpose of changing its reions of registered agent. Signature typed or printed name of registered agent and Sile if applicable. (NOTE Titing Fee is \$50.00 Box May 1, 2007 MANAGING MEMBERS/MANAGERS MGRM FAHEY, EDWARD PO BOX 1246 NEW SMYRNA BEACH, FL 32170 MGRM BURKE, KATHLEEN PO BOX 1246		ared agent, or both, in the State of Florida. I am familiar with, and accept
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