


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90041 036 ****50.00

DOCUMENT # L05000010659

1. Entity Name
LECRE, LLC



Principal Place of Business
**1847 SW 31ST AVE
 HALLANDALE, FL 33009**

Mailing Address
**1851 S.W. 31ST AVENUE
 PEMBROKE PARK, FL 33009**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.


3. Mailing Address
1847 SW 31st Ave
 Suite, Apt. #, etc.

City & State
Hallandale, Florida

Zip
33009

Country
USA

6042711



04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3009800

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HANLEY, JOAN
 1847 SW 31ST AVE
 HALLANDALE, FL 33009**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	HANLEY, JOAN	1847 SW 31ST AVE	HALLANDALE, FL 33009	<input type="checkbox"/>
MGRM	HANLEY, STEPHEN	1847 SW 31ST AVE	HALLANDALE, FL 33009	<input type="checkbox"/>
MGRM	HANLEY, MICHAEL	1847 SW 31ST AVE	HALLANDALE, FL 33009	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

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

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: *Joan C. Hanley* **Joan C. Hanley** **4-26-07** **954-914-6828**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #