SIGNATURE: SIGNATURE and TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

		ANNUAL I	REPOP	IT (AR))						
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	AYNE BLV	D.	11098 F	11098 BISCAYNE BLVD.							
208 MIAMI FL 33161 US			208 MIAMI I US	MIAMI FL 33161							
2. Principal F	lace of Busin	noss - No P.O Box #	3. Mailing	Address	-						
Suite, Apl.	#, etc.		Suito. A	Suito, Apt. #, etc.			-	1st MOORE	CR2E083	(10/06)	
City & Stat	e		City & S	City & State			4. FEI Nur	nber 20-255322	!5	— — —	oplied For of Applicable
Zıp	Zip Country		Zip	Zip Cour		try	5. Cortifica	ate of Status Desirod		\$5.00 Add	
	6. Name	and Address of Currer	nt Registered /	gent	ـــــــــــــــــــــــــــــــــــــ		7. Name a	nd Address of New I	Registered	Agent	
Nam COUDIED DAVIL K ECOLUDE											
SCHRIER, PAUL K ESQUIRE 11098 BISCAYNE BLVD. 208						Street Address	(P O. Box Nur	mber is Not Accoptabl	o) ————		
MIA	MI FL 33	161				City				Zip Cod	0
0 The observe		the state of the s	fa. 11					had in the Cooks of El	FL	<u> </u>	
 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 if applicable. (NOTE: Registered Agent signature required when reinstature) DATE											
FILE NOW!!! FEE IS \$50.00											
			Make (Check Payabl	e to Fk	orida Departme ny 1, 2007	nt of State				
9.		MANAGING MEM	BERS/MANAGE	ERS .	10.			ADDITIONS	/CHANGES		
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11. I hereby o	certify that the	e information supplied w	rith this filing do	bes not qualify for	or the ex	emptions containe	d in Section	119, Florida Statutes.	further cer	tify that the in	nformation
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect as if made under oath; that I am a managing member or manager of the limited liability company or the regeiver or trustee empowered to exocute this report as required by Chapter 608, Florida Statutos											
SIGNATURE: 1/24/07 (305)893-5500 Disyland Displayed On Printed Name of Signing Managing Member, Manager, or Authorized Representative Disyland Phone #											
	SIGNATURE A	ND TYPED OR PRINTED NAME	OF SIGNING MANA	GING MEMBER, MAN	AGER, OR	AUTHORIZED REPRESE	NTATIVE	Talo	نا -	aytime Phone #	