2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 AUG 14 AM 10: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300108050233

08142007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000033184

1. Entity Name
LAVISH EXPORTS LLC

Principal Place of Business	Mailing Address
301 CLEMATIS STREET, SUITE 3000 WEST PALM BEACH, FL 33401	301 CLEMATIS STREET, SUITE 3000 WEST PALM BEACH, FL 33401 BK

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAMER, ALI, FLECK, ET AL.
6650 WEST INDIANTOWN ROAD, SUITE 200
JUPITER, FL 33458

7. Name and Address of New Registered Agent

Name **KRAMER, ALI, FLECK, ET AL.**

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 WILLIAM A FLECK for KRAMER, ALI FLECK, et al [signature] 8-14-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

BK

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARCHESSAULT, MARA 301 CLEMATIS STREET SUITE 3000 WEST PALM BEACH, FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAN GUCHT, SEIGFRIED 301 CLEMATIS STREET SUITE 3000 WEST PALM BEACH, FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] WILLIAM A. FLECK 8-14-07 561-748-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CSC.

CORPORATION SERVICE COMPANY

L05000033184

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 054318 82361A

AUTHORIZATION :

COST LIMIT : $ 50.00

ORDER DATE : August 14, 2007

ORDER TIME : 1:15 PM

BK

ORDER NO. : 054318-005

CUSTOMER NO: 82361A

RECEIVED
07 AUG 14 PM 2:44
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: LAVISH EXPORTS LLC

XX ___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney-EXT#2916

EXAMINER'S INITIALS: _____