


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000041762 1. Entity Name LI & LI'S LLC	
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Principal Place of Business 195 WEST CAMINO REAL BOCA RATON, FL 33433	Mailing Address 195 WEST CAMINO REAL BOCA RATON, FL 33433
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DO NOT WRITE IN THIS SPACE



01042007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2756291	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LI, TING SHENG
195 WEST CAMINO REAL
BOCA RATON, FL 33433

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IN THIS SPACE**

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 the if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LI, TING SHENG 195 WEST CAMINO REAL BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LI, QING QUAN 195 WEST CAMINO REAL BOCA RATON, FL 33433
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01/19/07-80054-009 50.00

**DO NOT WRITE
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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  **MANAGER** 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: 01/13/07 Daytime Phone #: (904) 392-6787