

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90484 004 \*\*\*\*50.00

**DOCUMENT # L05000044051**

1. Entity Name  
**LLR ASSOCIATES, LLC.**



Principal Place of Business  
**2900 GLADES CIR  
# 850  
WESTON, FL 33327**

Mailing Address  
**2900 GLADES CIR  
# 850  
WESTON, FL 33327**

**60022547**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

**20-2795875**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOVAR, ILEANA A ESQ.  
ARAIIS TOVAR & ASSOCIATES, P.A.  
1725 MAIN STREET, SUITE 209  
WESTON, FL 33326**

Name **ELIZABETH BRICENO**

Street Address (P.O. Box Number is Not Acceptable)  
**2900 GLADES CIRCLE, SUITE 850**

City **WESTON**

**FL**

Zip Code **33327**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**02/17/07**

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **HERNANDEZ, LUIS**  
STREET ADDRESS **2900 GLADES CIR, STE 850**  
CITY-ST-ZIP **WESTON, FL 33327**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **BRICENO, RAUL**  
STREET ADDRESS **2900 GLADES CIR, STE 850**  
CITY-ST-ZIP **WESTON, FL 33327**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☒ Delete  
NAME **HERNANDEZ, MARTHA**  
STREET ADDRESS **2900 GLADES CIR, STE 850**  
CITY-ST-ZIP **WESTON, FL 33327**

TITLE **MGR** ☐ Change ☒ Addition  
NAME **GONZALEZ, TOMAS**  
STREET ADDRESS **2900 GLADES CIRCLE, SUITE 850**  
CITY-ST-ZIP **WESTON, FL 33327**

TITLE **MGR** ☒ Delete  
NAME **BRICENO, ELIZABETH**  
STREET ADDRESS **2900 GLADES CIR, STE 850**  
CITY-ST-ZIP **WESTON, FL 33327**

TITLE **MGR** ☐ Change ☒ Addition  
NAME **ALVAREZ, ENRIQUE**  
STREET ADDRESS **2900 GLADES CIRCLE, SUITE 850**  
CITY-ST-ZIP **WESTON, FL 33327**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*[Handwritten Signature]*

**FEB 17, 2007**

**954-3490351**