


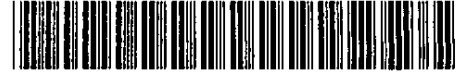
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90038 035 ****50.00

DOCUMENT # L05000044471	
1. Entity Name STREAMLINE BRACING, LLC	

Principal Place of Business 11380 PROSPERITY FARMS ROAD, SUITE 20 PALM BEACH GARDENS FL 33410	Mailing Address 11380 PROSPERITY FARMS ROAD, SUITE 20 PALM BEACH GARDENS FL 33410
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State	City & State	4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
HELGESEN, ANDREW 11380 PROSPERITY FARMS ROAD, SUITE 201 PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE - NAME MGR GOMEZ, HELDO JR STREET ADDRESS 3370 BURNS RD, SUITE 200 CITY - ST - ZIP PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE - NAME	<input type="checkbox"/> Delete
TITLE - NAME	<input type="checkbox"/> Delete
TITLE - NAME	<input type="checkbox"/> Delete
TITLE - NAME	<input type="checkbox"/> Delete
TITLE - NAME	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  **HELDO GOMEZ**
PRESIDENT Date: **3/26/07** Daytime Phone #: **561-627-7855**