

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 29, 2007 08:00 A
Secretary of State

DOCUMENT # L05000052023

1. Entity Name
THE ONE HUNDRED & ELEVEN, LLC



Principal Place of Business
**1177 S.E. 3RD AVENUE
 FT. LAUDERDALE, FL 3331**

Mailing Address
**P.O. BOX 1727
 WINDERMERE, FL 34786**

DO NOT WRITE IN THIS SPACE



05242007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2910858	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WAITE, NORMA L MD
 1177 S.E. 3RD AVENUE
 PO BOX 1727
 FT. LAUDERDALE, FL 3331**

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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: *Norma Waite* (NOTE Registered Agent signature required when reinstating) DATE: 5-24-07

**Filing Fee is \$50.00
 Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WAITE, NORMA L 1177 S.E. 3RD AVENUE FT. LAUDERDALE, FL 3331
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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: *Norma Waite* DATE: 5-24-07 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE