2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 21, 2006 8:00 am Secretary of State 5/1

Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Addit Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HIBBERT, CONRAD 164 N UNIVERSITY DRIVE PEMBROKE PINES, FL 33024 Sireet 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 agent, or both, in the State of Florida. I am familiar with, as the obligations of registered agent. SIGNATURE Filling Fee is \$30.00 Due by May 1, 2008 B. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES B. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES B. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES INLE CON RRD HIBBERT DRISS 164 330.24 ITLE NAME SIRET ADDRESS 164 N. UNIVERSITY DR. SIRET ADDRESS 167 ST-2P PEMBROKE PINES FL 330.24 CITY-ST-2P Change ITLE NAME SIRET ADDRESS 167 ST-2P	
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11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If further certify that the information 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 limited tiability company or the pacetyer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRUNTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Dogser Proces	metice