## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000066411-~

1. Entity Name L&LL.C.



FILED Jun 22, 2007 08:00 AM **Secretary of State** 

Principal Place of Business

3521 LAKESIDE DRIVE DAVIE, FL 33328 US Mailing Address

3521 LAKESIDE DRIVE DAVIE, FL 33328 US



06132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 14-1934094 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LUCAS, JOSEPH R 3521 LAKESIDE DRIVE **DAVIE, FL 33328** 

## DO NOT WRI 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LUCAS, JOSEPH R
STREET ADDRESS	<b>,</b>
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	MGRM
NAME	LEBLANG, DALE
STREET ADDRESS	1814 NW 124TH WAY
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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: