## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 05, 2007 8:00 am Secretary of State

NAME   ABRAHAM, CAPPY L	1. Entity Nam	MENT # L05000 wers, llc			04-05-2007			0.00		
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   City & State   4 em. Number of 20-31.52421   Applied For Not	400 ROYAL F SUITE 304	PALM WAY	400 ROYAL PALM V Suite 304	400 ROYAL PALM WAY Suite 304		F	* * * * * * * * * * * * * * * * * * *			: 
City & State  Ci	2. Principal P	lace of Business - No P.O. Box	# 3. Mailing Address	3. Mailing Address						
Zip Country Zip Country S. Cerrificate of Status Desired   \$5.00 Additional rever Registered Agent   \$5.00 Additional reverse Registered Agent	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-LLC	CR2E08	3 (12/06)	
Zip	City & State	e	City & State	City & State		<sup>4</sup> 20–31	52421			
SIMSES, ROBERT G 400 ROYAL PALM WAY SUITE 304 PALM BEACH, FL 33480  City FL Zip Code  8. The above named entity submits Inju-gatement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent was a separate of Med applicable.  FILING Fee Is \$50,000  FILING Fee Is \$50,000  Due by May 1, 2007  SIGNATURE  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  INTEL MARK ABRAHAM, CAPPY L 44 COCOANUT ROW, #L103  SIREF ADDRESS  CITY-S1-ZP  PALM BEACH, FL 33480  CITY-S1-ZP  TITLE  MARK SIREF ADDRESS  CITY-S1-ZP  TITLE  MARK SIREF ADDRESS  CITY-S1-ZP  TITLE  MAKE SIREF ADDRESS  CITY-S1-ZP  TITLE	Zip.	Country	Zìp	Coun	try	5. Certificate	e of Status Desired		5.00 Add	litional
SIMSES, ROBERT G 400 ROYAL PALM WAY PALM BEACH, FL 33480  City FL Zip Code  6. The above named entity submits hip-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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the decidence of Florida agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the familiar with, and accept the familiar with and accept the familiar		6. Name and Address of C	urrent Registered Agent	<u></u>		7. Name and	d Address of New R	egistered A	gent	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City	<del></del>			_	Name		· ···-			
Et 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 orbigations of registered agent.  SIGNATURE  Signature, hond or protect rame of registered spent and line if applicable.  POTE Registered Agent signature recoved when remaiting)  DATE  Filling Fee is \$50.00  Due by May 1, 2007  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  ITILE  MGR   Delete   MAKE  SIREET ADDRESS	400 ROYA	L PALM WAY			Street Address	s (P.O. Box Numb	per is Not Acceptable	))		
B. The above named entity submits hip-statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent. The purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent to the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent to the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent to both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent	PALM BEA	ACH, FL 33480		City		<del></del>		EI.	Zip Code	
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  IIIILE	the obligate	signature, typed or printed name of register	y 8 him				Mak	DATE  check pa	07	
MGR	Di	ие by May 1, 2007					Florida	Departme	nt of State	9
NAME ABRAHAM, CAPPY L SIREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480  IIILE MGR SMITH, LESLY SIREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480  IIILE MGR SMITH, LESLY SIREET ADDRESS CITY-ST-ZIP  IIILE MGR FARINAS, ALINA SIREET ADDRESS CITY-ST-ZIP  IIILE NAME SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP  IIILE NAME SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP  IIILE NAME SIREET ADDRESS	9.		MEMBERS/MANAGERS	10.			ADDITIONS/	CHANGES		
NAME STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-ZIP TITLE MAME FARINAS, ALINA 225 BAHAMA LANE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME FARINAS, ALINA 225 BAHAMA LANE CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	ABRAHAM, CAPPY L 44 COCOANUT ROW, #L1		NAM STRE	ET ADDRESS				☐ Change	Addition
NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	SMITH, LESLY 300 CHAPEL HILL ROAD	☐ Delete	NAM STRE	E Et address				☐ Change	Addition
NAME SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	FARINAS, ALINA 225 BAHAMA LANE	☐ Delete	NAM STRE	E Et address				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP CITURE Delete TITLE NAME STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAM SIRE	ET ADDRESS				☐ Change	Addition
NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAM STRE	E ET <b>ADORESS</b>				☐ Change	Addition
11. Thereby 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	NAME STREET ADDRESS CITY-ST-ZIP	adifi, that the info acids		NAM STRE CITY	E ET ADDRESS - ST-ZIP	od in Chapter 110	Florida Statutos 16	uther certify		Addition