

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


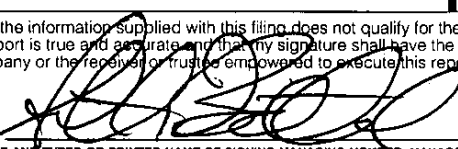
FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90257 041 ****50.00

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04012007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000072821			
1. Entity Name 8200, L.L.C.			
Principal Place of Business 8666 SEMINOLE BLVD. SEMINOLE, FL 33772 US		Mailing Address 8666 SEMINOLE BLVD. SEMINOLE, FL 33772 US	
2. Principal Place of Business - No P.O. Box # 8200 113th STREET		3. Mailing Address 8200 113th STREET	
Suite, Apt. #, etc. SUITE #103		Suite, Apt. #, etc. SUITE #103	
City & State SEMINOLE FL.		City & State SEMINOLE FL.	
Zip 33772	Country FLORIDA	Zip 33772	Country FLORIDA
4. FEI Number 20-3237930		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BARTHOLMEY, SCOTT 8666 SEMINOLE BLVD SEMINOLE, FL 33772		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8200 113th STREET SUITE #103 City SEMINOLE FL Zip Code 33772	
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 		SCOTT BARTHOLMEY 4/30/07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DENDAR ENTERPRISES, INC. 8666 SEMINOLE BLVD. SEMINOLE, FL 33772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8200 113th STREET SUITE #103 SEMINOLE, FL. 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARSA ENTERPRISES LLC 8666 SEMINOLE BLVD. SEMINOLE, FL 33772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8200 113th STREET SUITE #103 SEMINOLE, FL. 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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 registered or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE 		SCOTT BARTHOLMEY 4/30/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	