2008 LIMITED LIABILITY COMPANY ANNUAL REPORT			FILED Apr 17, 2008 08:00 AI
DOCU 1. Entity Nar T. DUKE			Secretary of State
Principal Place of BusinessMailing Address12277 SW 55TH STREET12277 SW 55TH STREETSUITE 906SUITE 906COOPER CITY, FL 33330COOPER CITY, FL 33330			
	DO NOT WRITE IN THIS SP	PACE	1 1
6. Name and Address of Current Registered Agent LERMAN, CARLOS D SMOLER, LERMAN, BENTE & WHITEBROOK, P.A. 2611 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020			DO NOT WRITE 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature typed or primed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstaing) OATE FILE NOW!!! FEE 18 \$138.75 After May 1, 2008 Fee will be \$538.75			
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBERS/MANAGERS MGR O'NEILL, MARYELLEN 12277 SW 55TH STREET, SUITE 906 COOPER CITY, FL 33330		· · · ·
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			DO NOT WRITE IN THIS SPACE
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 enforcement of execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: MANY ETICAL OFFICIAL MANY ETICAL OFFICIAL SIGNATURE IN UPED DY PRINTED NAME OF SQNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Date			

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