## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 11, 2007 08:00 AM Secretary of State

Daytime Phone #

THE THE TENT OF TH			
1. Entity Nan	MENT # L05000084437  octoings, l.l.c.		Secretary of Stat
Principal Place of Business Mailing Address  13248 WEST BROWARD BOULEVARD 13248 WEST BROWARD BOULEVARD PLANTATION, FL 33313 PLANTATION, FL 33313			
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent			01032007 No Chg-ŁLC
STEIN, WARREN J 13248 WEST BROWARD BOULEVARD PLANTATION, FL 33313			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 Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE Registered Agent agreed when reinstating)  DATE			
Filing Fee is \$50.00 Due by May 1, 2007			
9.  TILE NAME STREET ADDRESS CITY-ST-ZIP TRILE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS  MGR STEIN, WARREN J 13248 WEST BROWARD BOULEVARD PLANTATION, FL 33313		U00000583583 01/12/07-80002-010 50.00
NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-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 regeiver or trustee employeed to execute this report as required by Chapter 608, Florida Statutes.			

URE: URE TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: 4