FILED Jan 31, 2007 8:00 am Secretary of State

2007 L	IMITED LIABILITY COMPAN	Y
	ANNUAL REPORT	

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1. Entity Nam	MENT # L050000861	32		01-31-2007	90086 004 ****50.00	
Principal Plac 5561 S.W. 8 MARGATE, FI	TH COURT	Mailing Address 5561 S.W. 8TH COURT MARGATE, FL 33068				
DO NOT WRITE IN THIS SPACE			CE	01122007 No Chg-LLC	CR2E083 (11/05)	
_			~ _	FEI Number 87-0753683 Certificate of Status Desired	Not Applicable \$5.00 Additional	
	6. Name and Address of Current R	egistered Agent		<u> </u>	Fee Required	
PELEAZ, GONZALO 5561 S.W. 8TH COURT MARGATE, FL 33068			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for itions of registered agent.	the purpose of changing its register	red office or register	red agent, or both, in the State of Flo	rida. I am familiar with, and accept	
SIGNATURE.	idia or regionore ego.					
SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE, Registeri	ed Agent signature required	d when reinstating)	DATE	
Fi Di	lling Fee is \$50.00 ue by May 1,:2007					
9.	MANAGING MEMBER	S/MANAGERS	J		<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PELAEZ, GONZALO 5561 S.W. 8TH COURT MARGATE, FL 33068		ī			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PELAEZ, SANTOS 5561 SW 8TH CT MANATE, FL 33068	neste				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

11. I hereby certify that the information supplied with this filling 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 it 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE