

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 OCT 16 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09132007 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-0183324

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SOLMS, WILLIAM O III
16513 S.W. 111 AVE.
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

OCT. 14, 2007
DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SOLMS, WILLIAM O III	
STREET ADDRESS	16513 S.W. 111 AVE.	
CITY - ST - ZIP	MIAMI, FL 33157	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SOLMS, KAREN A	
STREET ADDRESS	16513 S.W. 111 AVE.	
CITY - ST - ZIP	MIAMI, FL 33157	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MOSS, KURT L	
STREET ADDRESS	5996 S.W. 102 ST	
CITY - ST - ZIP	MIAMI, FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRYE, ANDREW C.	
STREET ADDRESS	12306 S.W. 250TH TERRACE	
CITY - ST - ZIP	HOMESTEAD, FLORIDA 33032	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

REINSTATEMENT

2007

[Signature]

500110993015
10/19/07--01007--017 *\$155.00

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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE: SEP. 22, 2007 786-863-4006
Daytime Phone #