2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

	AITI	NUAL REPORT		<u> </u>
DOCUMENT # L05000102532				FILEL
1. Entity Name LADY ANDINA LLC				
LADY AN	DINA LLC			2007 FEB 13 PM 4: 53
Principal Place of Business Mailing Addres				SECRETARY OF STATE TALLAHASSEE FLORIDA
	MILLERS BRIDGE ROAD	3835 EAST MILLERS B	RIDGE ROAD	TALLAHASSEE FLORIDA
	E, FL 32312	TALLAHASSEE, FL 323		
				T (CONCI) DIA CONDI SINSI BESIL GENA EDIRI JIRIK BERID HERA BINCO HALE MAGGI NI LEGI
2. Principal Place of Business - No P.O. Box #		Box # 3. Mailing Address	<u>. </u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02132007 Chg-LLC CR2E083 (12/06)
City & State		City & State		4. FEI Number Applied For Not Applied For Not Applicable
Zip	Country	Zip	Country	5 Certificate of Status Desired
		of Command Danielana d Amand	<u> </u>	Fee Required
	o. Name and Address	of Current Registered Agent	Name	7. Name and Address of New Registered Agent
LEVINE, A. KENNETH				
	NROE STREET, SUI SSEE, FL 32301	ITE 725	Street Addre	ess (P.O. Box Number is Not Acceptable)
IALLATIA	30LL, FL 32301		_	
			City	FL Zip Code
8 The above	named entity submits this	statement for the purpose of changing its	registered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and accept
the obligat	ions of registered agent.	statement for the purpose of changing its	registered office of reg	gistered agent, or both, in the state of Florida. If an familiar with, and accept
SIGNATURE .				
	Signature, typed or printed name of	registered agent and title if applicable. (NOTI	E: Registered Agent signature re	equired when reinstating) DATE
Fi O:	iling Fee is \$50.00 ue by May 1, 2007			Make check payable to Florida Department of State
9.	MANAG	ING MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILLIS, CLAUDIA		NAME	
STREET ADDRESS CITY-ST-ZIP	3835 EAST MILLERS TALLAHASSEE, FL 3		STREET ADDRESS CITY-ST-ZIP	
TITLE	17.00.0117.000.01,112.0	Delete	TITLE	☐ Change ☐ Addition
NAME		- Delete	NAME	
STREET ADDRESS			STREET ADDRESS	900089292279 02/27/0701006015 **\$0.00
CITY-SI-ZIP			CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		Delete	TITLE	☐ Change ☐ Addition
NAME		_ outlier	NAME	_ Change Accuracy
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP		Hard State Mark Blanch	CITY-S1-ZIP	
indicated limited lia	certify that the information s on this report is true and a bility company or the recei	supplied with this filling does not qualify to iccurate and that my signature shall have ver or trustee empowered to execute this	r the exemptions contain the same legal effect as report as required by C	ined in Chapter 119, Florida Statutes. I further certify that the information as if made under oath; that I am a managing member or manager of the Chapter 608, Florida Statutes.
	1/1/2	Viela 1	· ~	2-12 07 200 001000
SIGNAT	SIGNATURE AND TYPED OR PR	RINTED NAME OF SIGNING MANAGING MEMBER, MA	NAGER, OR AUTHORIZED DES	2-/3-07 850-907/37-5 PRESENTATIVE Date Dayune Priore #
		The state of the s		i as wellame FEB 18 2007
				A CONTRACT FOR 1 10 AIII