

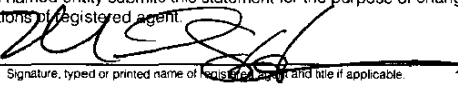
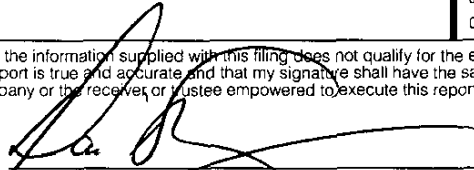


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90114 004 ****50.00

DOCUMENT # L05000102867					
1. Entity Name COMBINED RESOURCES, LLC					
Principal Place of Business 2999 NE 191 STREET SUITE 905 AVENTURA, FL 33180			Mailing Address 2999 NE 191 STREET SUITE 905 AVENTURA, FL 33180		
2. Principal Place of Business - No P.O. Box # 4400 Biscayne Blvd.		3. Mailing Address 4400 Biscayne Blvd.			
Suite, Apt. #, etc. #900		Suite, Apt. #, etc. #900			
City & State Miami, FL		City & State Miami, FL		04162007 Chg-LLC CR2E083 (12/06)	
Zip 33137		Country USA		4. FEI Number 20-3722852	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HELLMAN, MAYNARD J ESQ. 2999 NE 191 STREET SUITE 905 AVENTURA, FL 33180			Name MAYNARD J. HELLMAN, ESQ.		
			Street Address (P.O. Box Number is Not Acceptable) 4400 Biscayne Blvd. #900		
			City Miami		
			FL		
			Zip Code 33137		
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 				DATE April 26, 2007	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinsating)				DATE	
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANNON, DAVID		NAME	Bhurgin, David	
STREET ADDRESS	29905 NW 89 PLACE		STREET ADDRESS	19925 NE 39 PLACE	
CITY-ST-ZIP	MIAMI, FL 33180		CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 				DATE April 26, 2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # 305777-7055	