

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 25, 2008 08:00 AM Secretary of State

Pincepal Place of Spichoss SOZ3 ELLAR D SOZ3 ELLAR D SOZ4 READN, FL 33496 2. Pincipal Place of Suchasse - No P.O. Box # 3. Mailing Address Suite, Aprl. F. etc. Suite, Aprl. F. etc. City & State	1. Entity Nam	MENT # L05000103	536				۵	eci eta	лу (oi Sta
Sulfo, Apr. P. otc. City & States	6023 LELAC	RD	6023 LELAC RD							
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Zp Country Zp Country S. Certificate of Status Desired S. 5.00 Additional Page Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETERS DOUGLAS R 6023 LELAC RD Sever Address (P. C. Box Number is Not Acceptable) City FL Zip Code 8. The above named acity submits this assertment for the purpose of changing its registered agent, or both, in the State of Fords. I am hardes with, and accept in a chilippistors of registered agent and address of New Registered Agent City FL Zip Code City FL	Suite, Apt.	#, etc.	Suite, Apt. #, etc			02022008	Chg-LLC	CR2E083 (1	2/06)	
S. Sentences of Stress Desired S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PETERS, DOUGLAS R 6023 LELAC RD BOCA RATON, FL 33496 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or boin, in the State of Florida. I am familier with, and accepts the obligations of registered agent, or boin, in the State of Florida. I am familier with, and accepts the obligations of registered agent, or boin, in the State of Florida. I am familier with, and accepts the obligations of registered agent, or boin, in the State of Florida. I am familier with, and accepts the obligations of registered agent, or boin, in the State of Florida. I am familier with, and accepts the obligations of registered agent, or boin, in the State of Florida. I am familier with, and accepts the obligations of registered agent, or boin, in the State of Florida. I am familier with, and accepts the obligations of registered agent, or boin, in the State of Florida. I am familier with, and accepts the obligations of registered agent, or boin, in the State of Florida. I am familier with, and accepts the obligations of registered agent, or boin, in the State of Florida. I am familier with, and accepts the obligations of registered agent, or boin, in the State of Florida. I am familier with, and accepts the obligation accepts the state of Florida St	City & State		City & State			1				
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Series Address (P.C. Box Number is Not Acceptable) City FL Zip Coce City Fl Zip Co		6. Name and Address of Current R								
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 Florids. I am familiar with, and accept may obligations of registered agent. SIGNATURE: Signature Design	6023 LELA	AC RD	Street Address		Street Address ((P O. Box Number is Not Acceptable)				
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: Note		10N, 1 E 30430								
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9. MANAGING MEMBERS / MANAGERS 19. ADDITIONS / CHANGES III.E MGRM	SIGNATURE .	Signature, typed or printed name of registered agent ar	nd little d applicable. (NOT	E: Regratere	d Agent signature required	d when reinstating)		DATE		
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NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplies with this tiling 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 facturate and thay 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 of vustee emphysical to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:	NAME STREET ADDRESS		Delete	NAMI STRE	E ET ADDRESS				hange	Addition
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