
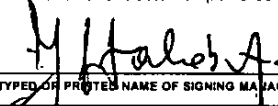


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90043 018 \*\*\*\*\*50.00

<b>DOCUMENT # L05000103607</b> 1. Entity Name <b>WARSOVIA SERVICES LLC</b>					
Principal Place of Business <b>97 LARIAT CIRCLE BOCA RATON, FL 33487</b>			Mailing Address <b>97 LARIAT CIRCLE BOCA RATON, FL 33487</b>		
2. Principal Place of Business - No P.O. Box # <b>9461 Aegean Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>9461 Aegean Drive</b> Suite, Apt. #, etc.			
City & State <b>Boca Raton FL</b>		City & State <b>Boca Raton FL</b>		4. FEI Number <b>20-4470824</b>	
Zip <b>33496</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SZALOBRYT, JOHN 97 LARIAT CIRCLE BOCA RATON, FL 33487</b>			7. Name and Address of New Registered Agent Name <b>Szalobryt, John</b> Street Address (P.O. Box Number is Not Acceptable) <b>9461 Aegean Drive</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33487</b>		
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: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>SZALOBRYT, JOHN</b> <b>97 LARIAT CIR</b> <b>BOCA RATON, FL 33487</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Szalobryt, John</b> <b>9461 Aegean Drive</b> <b>Boca Raton FL 33496</b>
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> 			<b>4-20-07 561 8833436</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		