
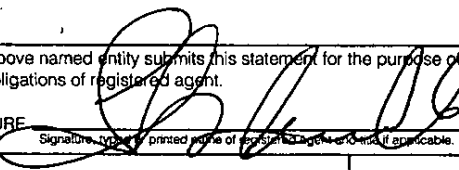
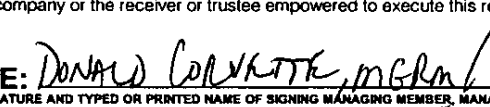


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90372 021 ****50.00

DOCUMENT # L05000106040 1. Entity Name STANDING OVATIONS, LLC			
Principal Place of Business 1025 SUNSET ROAD WEST PALM BEACH, FL 33401 PB		Mailing Address 1025 SUNSET ROAD WEST PALM BEACH, FL 33401 PB	
2. Principal Place of Business - No P.O. Box # 1101 FLORIDA AVE #29 Suite, Apt. #, etc.		3. Mailing Address 1101 FLORIDA AVE #29 Suite, Apt. #, etc.	
City & State WEST PALM BEACH, FL Zip 33401 Country USA		City & State WEST PALM BEACH, FL Zip 33401 Country USA	
4. FEI Number 20-3771440		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AUVILLE, STEWART A 1025 SUNSET ROAD WEST PALM BEACH, FL 33401- PB		7. Name and Address of New Registered Agent Name STEWART AUVILLE Street Address (P.O. Box Number is Not Acceptable) 1101 FLORIDA AVE #29 City WEST PALM BEACH FL Zip Code 33401	
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 		STEWART AUVILLE, PRESIDENT DATE 5/1/07	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORVETTE, DONALD 801 ARDMORE ROAD WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORVETTE, DONALD 1101 FLORIDA AVE #29 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.			
SIGNATURE: 		5/1/07 561-337-9108	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	