2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000107046

1. Entity Name
ANDRIANALY STEIERT, LLC

FILED
Apr 18, 2007 08:00 AM
Secretary of State

Principal Place of Business

330 MALVERNE ROAD WEST PALM BEACH, FL 33405 Mailing Address

330 MALVERNE ROAD WEST PALM BEACH, FL 33405



04122007 No Chg-LLC

CR2E083 (11/05)

Daytime Phone #

4. FEI Number
84-1693556

S. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STEIERT, JOSEPH 330 MALVERNE ROAD WEST PALM BEACH, FL 33405

SIGNATURE: =

DO NOT WRITE IN THIS SPACE

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 Signature food of printed name of legistered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE			
	Signature //ped or printed name of legistered agent and title if applicable.	(NOTE. Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDRIANALY STEIERT, HAJA 330 MALVERNE ROAD WEST PALM BEACH, FL 33405		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEIERT, JOSEPH 330 MALVERNE ROAD WEST PALM BEACH, FL 33405		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE
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TITLE 41 NAME STREET ADDRESS CITY-ST-ZIP	The second secon	U 04/2	00000714025 7/07-80006-025 50.00
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.			

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE