

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113455

Entity Name: LLL, L.L.C.

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

500 EAST BROWARD BOULEVARD  
1950  
FORT LAUDERDALE, FL 33394

## New Principal Place of Business:

1359 SHOTGUN ROAD  
SUNRISE, FL 33326

## Current Mailing Address:

500 EAST BROWARD BOULEVARD  
1950  
FORT LAUDERDALE, FL 33394

## New Mailing Address:

PO BOX 267035  
WESTON, FL 33326

FEI Number: 20-4466337

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARDIN, DAVID C ESQ.  
500 EAST BROWARD BOULEVARD  
SUITE 1950  
FORT LAUDERDALE, FL 33394 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: BOLUFE, KIM MGR  
Address: 500 EAST BROWARD BOULEVARD  
City-St-Zip: FORT LAUDERDALE, FL 33394

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: BOLUFE, KIM  
Address: 500 EAST BROWARD BOULEVARD  
City-St-Zip: FORT LAUDERDALE, FL 33394

Title: P ( ) Change (X) Addition  
Name: FIXEL, SUSAN  
Address: 1359 SHOTGUN ROAD  
City-St-Zip: SUNRISE, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SUSAN FIXEL

P

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date