## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000116481

City-St-Zip:

Entity Name: A.G.E. ENTERPRISES, LLC

FILED Mar 10, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3500 45TH STREET SUITE 12 WEST PALM BEACH, FL 33407 **Current Mailing Address: New Mailing Address:** 3500 45TH STREET SUITE 12 WEST PALM BEACH, FL 33407 FEI Number: 20-3936606 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEVINSON, ABRAHAM 3500 45TH STREET SUITE 12 WEST PALM BEACH, FL 33407 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete LEVINSON, ABRAHAM Name: Name: 3500 45TH STREET SUITE 12 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition KLEIN, GABRIEL Name: NANNINI, EMILIO Name: Address: 3500 45TH STREET SUITE 12 Address: 3500 45TH STREET SUITE 12 City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: WEST PALM BEACH, FL 33407 Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition NANNINI, EMILIO KLEIN, GABRIEL Name: Name: 3500 45TH STREET SUITE 12 Address: Address: 4050 MIDDLE AVE City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: SARASOTA, FL 34234 Title: ( ) Delete Title: MGRM ( ) Change (X) Addition Name: Name: TANNOUS, ELIAS 4050 MIDDLE AVE Address: Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34234 Title: () Delete Title: MGRM ( ) Change (X) Addition COHEN, EYAL Name: Name: 4050 MIDDLE AVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SARASOTA, FL 34234

SIGNATURE: KLEIN MGRM 03/10/2007