


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 29, 2007 8:00 am
Secretary of State

04-16-2007 90354 013 ****50.00
08-29-2007 90039 028 ****50.00

DOCUMENT # L05000118273	
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Principal Place of Business 1947 PEMBROKE ROAD HOLLYWOOD, FL 33020	Mailing Address 1947 PEMBROKE ROAD HOLLYWOOD, FL 33020
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

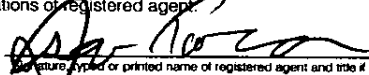
60055261



07142007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FINEBERG, LIBO B 3500 GATEWAY DRIVE SUITE 201 POMPANO BEACH, FL 33069		Name TAREQ, ASEQUE M. Street Address (P.O. Box Number is Not Acceptable) 5327 NW 93 AVENUE City SUNRISE FL Zip Code 33351	

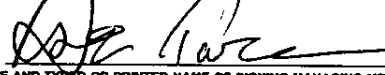
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **ASEQUE M. TAREQ, MGR/MEMBER** 08-13-07
(NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANAMUL ISLAM, KHANDAKER <input type="checkbox"/> Delete 5327 NW 93 AVENUE SUNRISE, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALAM, SHAHANA <input checked="" type="checkbox"/> Delete 9544 52 MANOR SUNRISE, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAREQ, ASEQUE M <input type="checkbox"/> Delete 5327 NW 93 AVENUE SUNRISE, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TAREQ, ASEQUE M. 5327 NW 93 Ave SUNRISE, FL 33351 TITLE
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
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:  **ASEQUE M. TAREQ, MGR/MEM** 08-13-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #