

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 05, 2007  
Secretary of State**

DOCUMENT# L05000118683

Entity Name: CHALLENGE, LLC

**Current Principal Place of Business:**

C/O ONE NO. CLEMATIS STREET  
SUITE 500  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ONE NO. CLEMATIS STREET  
SUITE 500  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

FEI Number: 65-1274346      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PATRICIA LEBOW, P.A.  
ONE NO. CLEMATIS STREET  
SUITE 500  
WEST PALM BEACH, FL 33401 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: PATRICIA LEBOW, P.A.,  
Address: ONE NO. CLEMATIS STREET, SUITE 500  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: MGR      ( ) Delete  
Name: CLIFFORD I. HERTZ, P, .A.  
Address: ONE NO. CLEMATIS STREET, SUITE 500  
City-St-Zip: WEST PALM BEACH, FL 33401 US

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: PATRICIA LEBOW

MGR

03/05/2007

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