2007 LIMITED LIABILITY COMPANY

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ANNUAL REPORT				Mar 05, 2007 08:00	
1. Entity Nam	MENT # L050001189	989		Se	ecretary of Sta
Principal Plac 2726 ANNET FLAGLER BCI		Mailing Address PO BOX 2537 FLAGLER BCH, FL 32136			
DO NOT WRITE IN THIS SPA			CE	02282007 No Chg-LLC 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired	CR2E083 (11/05) Applied For Not Applicable \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent KORBACH, KEVIN 2726 ANNETTE ST FLAGLER BCH, FL 32136				DO NOT WI	
the obligat	named entity submits, this statement for ions of registered agent. Signature, typed or printed name of registered agent an		red office or register	i when reinstaisig)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			000000655230 03/13/07-80098-009 50.00		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM KORBACH, KEVIN PO BOX 2537 FLAGLER BCH_FL 32136	IS/MANAGERS			
TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE			
NAME STREET ADDRESS CHY-ST-2IP					

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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

URE: JSA LOUBACK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE: Daytime Phone #