2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007
Secretary of State

DOCUMENT# L05000123467

Entity Name: WALTER ESCOBAR, LLC

Current Principal Place of Business:

371 NE 59 STREET
FT. LAUDERDALE, FL 33334 US

New Principal Place of Business:

725 NE 46 COURT
OAKLAND PARK, FL 33334 US

Current Mailing Address:

371 NE 59 STREET
FT. LAUDERDALE, FL 33334 US

New Mailing Address:

725 NE 46 COURT
OAKLAND PARK, FL 33334 US

FEI Number: 20-4414673 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESCOBAR, WALTER
371 NE 59 STREET
FT. LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

ESCOBAR, WALTER
725 NE 46 COURT
OAKLAND PARK, FL 33334 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: WALTER ESCOBAR 02/12/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ESCOBAR, WALTER
Address: 371 NE 59 STREET
City-St-Zip: FT. LAUDERDALE, FL 33334 US

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ESCOBAR, WALTER
Address: 725 NE 46 COURT
City-St-Zip: OAKLAND PARK, FL 33334 US

Title: MGRM ( ) Change (X) Addition
Name: ALVARADO, MAURIIO
Address: 271 NW 41 STREET
City-St-Zip: OAKLAND PARK, FL 33309

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: WALTER ESCOBAR MGRM 02/12/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date