

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90031 047 \*\*\*\*50.00

<b>DOCUMENT # L06000000853</b>					
<b>1. Entity Name</b> TREBOR-ROF, LLC					
<b>Principal Place of Business</b> 515 NORTH FLAGLER DR., STE. 808 WEST PALM BCH, FL 33408			<b>Mailing Address</b> 515 NORTH FLAGLER DR., STE. 808 WEST PALM BCH, FL 33408		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 04242007    Chg-LLC    CR2E083 (12/06)	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<input checked="" type="checkbox"/> <b>Applied For</b> <input checked="" type="checkbox"/> <b>Not Applicable</b>	
<b>6. Name and Address of Current Registered Agent</b>  HAILE SHAW & PFAFFENBERGER, P.A. 660 U.S. NO. 1, 3 FLOOR NORTH PALM BCH, FL 33408				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when resigning)    DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	<input type="checkbox"/> Change <input checked="" 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 checked="" type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <i>Michael Hotary, Treasurer</i>			4-25-07    (561) 478-4990		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date    Daytime Phone #		