## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Secretary of State DOCUMENT # L06000000853 05-09-2007 90031 047 \*\*\*\*50.00 1. Entity Name TREBOR-ROF, LLC Principal Place of Business Mailing Address 515 NORTH FLAGLER DR., STE. 808 515 NORTH FLAGLER DR., STE. 808 WEST PALM BCH, FL 33408 WEST PALM BCH, FL 33408 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc 04242007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5,00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAILE SHAW & PFAFFENBERGER, P.A. 660 U.S. NO. 1,3 FLOOR Street Address (P.O. Box Number is Not Acceptable) NORTH PALM BCH, FL 33408 City Zip Code 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 Signature, typiett or printert name or ingliscened agreen and trifle it applicable. (HOTE: Registered Agent signature (equired when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES THE Delete IDLE MGRM ☐ Change Addition NAME CUILLO, ROBERT S. NAME STREET ADDRESS STREET ADDRESS 515 NORTH FLAGLER DRIVE, SUITE 808 CITY-SI-ZIP WEST PALM BEACH, FLORIDA 33401 CITY-ST-7tP me. Delete IDLE ☐ Change X Addition NAME HOTARY, MICHAEL 515 NORTH FLAGLER DRIVE, SUITE 808 STREET ADDRESS STREET ADDRESS CITY-SI-2IP WEST PALM BEACH, FLORIDA 33401 CITY-ST-29 TITLE ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHTY-SI-ZIP TILE Delete ITILE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CMY-SI-ZIP CHY-ST-ZIP MLE Delete tms ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-\$1-ZIP CITY-ST-ZIP mp Dotete IPLE ☐ Addition NAME NAME STREET ADURESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not quality 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.

T. Michael Hotary, Tressurer
RIGHIMO MAMAGING MENBER MANAGER OR AUTHORIZED REPRESENTATIVE

SIGNATURE: 1

FILED

Jun 04, 2007 8:00 am