2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State

Zip Country Zip Country S. Certificate of Status Desired S. 55.00 Addition 6. Name and Address of Current Registered Agent 7. Name and Address of Status Desired Per Required 7. Name and Address of New Registered Agent 7. Name Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name Registered	1. Entity Name	MENT # L0600000	1732		1	90366 001 ***250.00	
Suite, Api. #, etc. City & State Country Specification of Status Desired Specification of Status Desired Country Specification of Status Desired To Respect Address of Nor Registered Agent Norro Norro Norro States Address (P.O. Box Number is Not. Acceptable) City FL Zip Code City City FL Zip Code City FL Zip Code City City FL Zip Code City Specification of registered agent, or both, in the State of Fiorica. I am familiar with, and the actignation of registered agent, or both, in the State of Fiorica. I am familiar with, and the actignation of registered agent, or both, in the State of Fiorica. I am familiar with, and the actignation of registered agent. Signature Agent specific or registered agent, or both, in the State of Fiorica. I am familiar with, and the actignation of registered agent. Signature Agent specific or registered agent, or both, in the State of Fiorica. I am familiar with, and the actignation of registered agent. Signature Agent specific or registered agent. Signature agent ag	884 SOUTH DILLARD STREET		884 SOUTH DILLARD STREET		30006415		
City & State Country Country Country Country S. Curtilicate of Status Desired For Required Fee Required Fee Required Fee Required Fee Required Fee Required To Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 the obligations of registered agent. SIGNATURE Filling Fee is \$50,00 Due by May 1, 2007 Make chack payable to Florida Department of State Filling Fee is \$50,00 Due by May 1, 2007 Make chack payable to Florida Department of State Filling Fee is \$50,00 Due by May 1, 2007 Make chack payable to Florida Department of State Filling Fee is \$60,00 Due by May 1, 2007 Make chack payable to Florida Department of State Filling Fee is \$60,00 Due by May 1, 2007 Make Chack payable to Florida Department of State Filling Fee is \$60,00 Due by May 1, 2007 Make Chack payable to Florida Department of State Filling Fee is \$60,00 Due by May 1, 2007 Make Chack payable to Florida Department of State Filling Fee is \$60,00 Due by May 1, 2007 Make Chack payable to Florida Department of State Filling Fee is \$60,00 For State Make Chack payable to Florida Department of State Filling Fee is \$60,00 Filling Fee is \$60,00 Fee is \$60	2. Principal Pla	ace of Business - No P.O. Box #	3. Mailing Address				
Zip Country Zip Country S. Country S. Country S. Country S. Conflicted of Status Deared S. S. 00 Additions of Englated Agent To Name and Address of Current Registered Agent To Name and Address of New Registered Agent To Name Address (P.O. Box Name Registered Agent To Name Agent Name Ag	Suite, Apt. #, etc.		Suite, Apt. #, etc.				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 844 SOUTH DILLARD STREET WINTER GARDEN, FL 34787 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered citics or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida State of Flor	City & State		City & State			Applied For Not Applicable	
MILLIAM N. ASMA, P.A. 884 SOUTH DILLARD STREET WINTER GARDEN, FL 34787 City FL Zip Code	Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
Street Address (P.O. Box Number is Not Acceptable) City		6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Re	gistered Agent	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Farm familiar with, and the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE P. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES P. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES OTHER LADRESS	884 SOUTH DILLARD STREET			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature liped to prefer have of registered agent and liter inspectable. (NOTS Registered Agent signature included when remasking) Date Dat	WINTER G	ARDEN, FL 34787					
the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Make check payable to Florida Department of State				City	 	FL Zip Code	
TITLE NAME VAN USEN, ANTONIUS SIREET ADDRESS CITY-ST-ZP NETHERLANDS, Delete TITLE NAME SIREET ADDRESS CITY-ST-ZP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZP Delete NAME SIREET ADDRESS CITY-ST-ZP TITLE NAME SIREET ADDRESS CITY-ST-ZP T	SIGNATURE _	Signature, typed or printed name of registered aging	ent and title if applicable. (NO	TE: Registered Agent signature requ	Make	check payable to	
NAME SIREET ADDRESS CITY-ST-2P ITILE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P T	9.	MANAGING MEM	BERS/MANAGERS	10.	ADDITIONS/C	CHANGES	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZI	NAME STREET ADDRESS	VAN USEN, ANTONIUS % POELDRIK 102, 6681 VK B		NAME STREET ADDRESS		☐ Change ☐ Addilion	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informat 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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. Antonius van Usen	NAME Street adoress		☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addilion	
NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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. Antonius van Usen	NAME STREET ADDRESS		□ Delete	NAME STREET ADDRESS		☐ Change ☐ Addilion	
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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. Antonius van Usen	NAME STREET ADDRESS	•	☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition	
///////////////////////////////////////	indicated o	on this report is true and accurate a ility company or the receiver or trus	nd that my signature shall have tee empowered to execute this	the same legal effect as	if made under oath; that I am a managir	her certify that the information ig member or manager of the	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daylore Prome #	SIGNATI	JRE:	Uul	·/	4-30-07	352-746-1400	