2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002335

Entity Name: ROXANNE HOSFORD LMT, LLC

FILED Aug 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7104 NW 48 LANE 1921 LYONS RD.

COCONUT CREEK, FL 33073 US APT. 106

COCONUT CREEK, FL 33063 US

Current Mailing Address: New Mailing Address:

7104 NW 48 LANE 1921 LYONS RD.

COCONUT CREEK, FL 33073 US APT. 106

COCONUT CREEK, FL 33063 US

FEI Number: 55-0912599 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOSFORD, ROXANNE Y
7104 NW 48 LANE
BRAKL, ROXANNE
1921 LYONS RD.

COCONUT CREEK, FL 33073 US APT. 106
COCONUT CREEK, FL 33063 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: ROXANNE BRAKL 08/05/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 HOSFORD, ROXANNE Y
 Name:
 BRAKL, ROXANNE

 Address:
 7104 NW 48 LANE
 Address:
 1921 LYONS RD., APT. 106

 City-St-Zip:
 COCONUT CREEK, FL 33073
 City-St-Zip:
 COCONUT CREEK, FL 33063

I hereby certify that the information supplied with this filing does not qualify 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: ROXANNE BRAKL MGRM 08/05/2007