2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0600003983 1. Entity Name HUMBERTO CANCIO, JR., PLLC						FILED 07 MAR 27 PM 1: 21				
HOMBERTO OMIOIO, SIX., FEED						07 MAK 2		inte		
Principal Plac 14460 NEW RALEIGH, NC	FALLS OF NEUSE ROAD	Mailing Address 14460 NEW FALLS OF NEUSE ROAD RALEIGH, NC 27614			-	MALAIM	AR E.F	LORIDA		
Principal Place of Business - No P.O. Box # 3. Mailing Add			Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02122007	Chg-LLC		83 (12/06)	1001 12(1001	
City & State		City & State			4. FEI Numt		**		plied For	
Zip Country		Zip Cour		ntry E Continu				No. \$5.00 Add	ot Applicable	
6. Name and Address of Current		Registered Agent					Fee Require			
				Name Name						
	ATÉ PROCESS SERVICE, IN AL WAY STE 200 33145	C.		Street Address	(P.O. Box Numl	oer is Not Acceptab	le)			
			City				FL	Zip Cod	e	
	named entity submits this statement for its stat	for the purpose of changing its	s registere	d office or registe	red agent, or b	oth, in the State of F	lorida. 1 am 1	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered ager	000	F. D							
	Signature, typed or printed name of registered ager	n and the ir applicable. [NOI	E: Hagislarad	Agent signature require	d when reinstating)		DATE	· - ·	*	
Filing Fee is \$50.00 Due by May 1, 2007							ke check p la Departm	•	9	
9.	MANAGING MEMB	ERS/MANAGERS	10.	<u></u> -		ADDITIONS	/CHANGES			
TITLE NAME	MGRM Delete CANCIO, HUMBERTO JR		TITLE NAME		ڪ	l00095	996	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	14460 NEW FALLS OF NEUSE RALEIGH, NC 27614			ST-ZIP	04/06/07010360∏ ***55.00		.00			
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE		••			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	173/27			T ADDRESS ST-ZIP						
TITLE	()	☐ Delete	TITLE	1				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	۲			ET ADDRESS ST-ZIP						
TITLE		☐ Đelete	TITLE		 ·			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY+ST-ZIP				ET ADDRESS ST-ZIP						
TITLE		☐ Delete	TITLE			1 1 1 100 4470		☐ Change	☐ Addition	
NAME Street address			NAME STREE	ET ADDRESS						
CITY-ST-ZIP	\		_	ST-ZIP						
TITLE NAME	\	Deleta	TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	\		_	ET ADDRESS ST-ZIP						
	certify that the information supplied of on this report is true and accurate an bility company or the receiver or true	in this filing does not qualify for that my signature shall have			I in Chapter 119), Florida Statutes. I th; that I am a mana	further certify iging membe	that the info	er of the	
iimitea lia	unity company or the receiver or true	en empowered to execute this	report as	required by Char	oter bug, hlörida -	i otatutės.				
SIGNATURE: SIGNATURE: SIGNATURE: Date Date Displace Printed name of Signing Managing Member, Manager, or authorized representative Date Displace Printed Name of Signing Name of Signin									000%	
	HUMBERTO CANCE	IO VR. MGRM		****						