

**FILED**  
**Jun 13, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90034 048 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

4.  
4.

JUN 13 2007



<b>DOCUMENT # L06000005563</b>			
1. Entity Name 2115 PLEASANT DRIVE, LLC			
Principal Place of Business 3327 NE 32ND STREET FORT LAUDERDALE, FL 33308		Mailing Address 3327 NE 32ND STREET FORT LAUDERDALE, FL 33308	
2. Principal Place of Business - No P.O. Box # 3303 NE 32nd St Suite, Apt. #, etc.		3. Mailing Address 3303 NE 32nd St Suite, Apt. #, etc.	
City & State Forth Lauderdale FL		City & State Forth Lauderdale FL	
Zip 33308	Country USA	Zip 33308	Country USA
4. FEI Number		Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COBB, CANDIDA A 3325 NE 32ND STREET B FORT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name: DeLuca, Gary Street Address (P.O. Box Number is Not Acceptable): 3303 NE 32nd St. City: Fort Lauderdale FL Zip Code: 33308	
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: <i>Gary DeLuca</i> (NOTE: Registered Agent signature required when reissuing) DATE: _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DELUCA, GARY 3327 NE 32ND STREET FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DeLuca, Gary 3303 NE 32nd St. Forth Lauderdale, FL 33308 <input checked="" type="checkbox"/> Change <input 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 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 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 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 type="checkbox"/> Addition
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.			
SIGNATURE: <i>Gary DeLuca</i>		Date: 5/11/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	