FILED Jun 07, 2007 8:00 am Secretary of State 05-11-2007 90196 047 ****55.00

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1. Entity Name	MENT # L06000006	6800		03-11-2007 90190 047 33.0
Principal Place of Business		Mailing Address		
5709 NW 158 STREET MIAMI LAKES, FL 33014 US		5709 NW 158 STREET MIAMI LAKES, FL 3301	4 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272007 Chg-LLC CR2E083 (12/06)
City & State		City & State		4. FEI Number Applied For Not Applied be
Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
SWEZY, LEWIS V 5709 NW 158 STREET MIAMI LAKES, FL 33014			<u> </u>	(P.O. Box Number is Not Acceptable)
	(LO, 1 E 30014			
			City	FL Zip Code
The above the obligation	named entity submits this statement folions of registered agent.	or the purpose of changing its r	registered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agen	and title if approache. (NOTE:	Registered Agent signesura requir	ed when remessing) DATE
	5 . 5,1			
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Floride Department of State
9. TITLE	MANAGING MEMB		10.	ADDITIONS/CHANGES
HAME	SWEZY, LEWIS V	Celete	TITLE HAME	☐ Change ☐ Addition
STREET ADDRESS CITY-S1-ZIP	5709 NW 58 STREET MIAMI LAKES, FL 33014		STREET ADDRESS CITY-ST-ZIP	
TITLE	,	☐ Defete	TITLE	Change Addition
NAME STREET ADDRESS			NAME STREET ADORESS	
CITY-ST-ZIP		,	CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS	
F.71. F	L		CITY-ST-ZIP	
INILE		C) Details	HILE	☐ Change ☐ Addition
NAME STREET ADDRESS		C) Dates		☐ Change ☐ Addition
KAME			TITLE NAME	
NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			IITLE NAME STREET ADDRESS CITY- ST- 2P TITLE NAME STREET ADDRESS	
NAME STREEF ADDRESS CITY-ST-ZIP TITLE NAME STREEF ADDRESS CITY-ST-ZIP		☐ Delete	IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	☐ Change ☐ Addition
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NAME STREEF ADDRESS CITY-ST-ZIP TITLE NAME STREEF ADDRESS CITY-ST-ZIP TITLE		☐ Delete	IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ Change ☐ Addition
MAME STREET ADDRESS CITY-ST-ZIP FILLE MAME STREET ADDRESS CITY-ST-ZIP HILLE MAME STREET ADDRESS CITY-ST-ZIP CONTROL OF THE ADDRESS CITY-ST-ZIP	certify that the information supplied with on this report is true and accurate an ability company or the receiver or truste	☐ Delete	IITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
MAME STREET ADDRESS CITY-ST-ZP FILE MAME STREET ADDRESS CITY-ST-ZP FILE MAME STREET ADDRESS CITY-ST-ZP 11. I hereby indicated timited list	<i>//</i>	☐ Delete	IITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition Change Addition Change Addition d in Chapter 119, Florida Statutes, I further cenify that the information made under oath; that I am a managing member or manager of the pier 608, Florida Statutes.
MAME STREET ADDRESS CITY-ST- 2IP FILLE MAME STREET ADDRESS CITY-ST- 2IP HILLE MAME STREET ADDRESS CITY-ST- 2IP	<i>//</i>	Delete Delete this filling does not qualify for that my signature shalf have the empowered to oxecute this representations and the second statement of standard member.	ITTLE NAME STREET ADDRESS CITY-ST-ZP TITLE MAME STREET ADDRESS CITY-ST-ZP THLE NAME STREET ADDRESS CITY-ST-ZP THLE NAME STREET ADDRESS CITY-ST-ZP The examptions contained he same legal effect as if eport as required by Cha	Change Addition Change Addition Change Addition d in Chapter 119, Florida Statutes, I further cenify that the information made under oath; that I am a managing member or manager of the piter 608, Florida Statutes.