2007 LIMITED LIABILITY COMPANY ANNUAL REPORT





FILED Apr 19, 2007 8:00 am Secretary of State 04-19-2007 90033 041 ****50.00

1. Entity Nam WARREN		LC								
Principal Place of Business			Mailing Address			י בי	, . .			
7401 SEBASTIAN RD FT. PIERCE, FL 34951			7401 SEBASTIAN RD FT. PIERCE, FL 34951							
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04042007	Chg-LLC	CR2E08	3 (12/06)		
City & State		City & State			4. FEI Numb	94-026	5		oplied For ot Applicable	
Zip			Zip	Coun			e of Status Desired	<u> </u>	5.00 Add ee Require	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
HIRT, WARREN 7401 SEBASTIAN RD					(P.O. Box Numb	per is Not Acceptable)				
FT. PIERC			-							
			City					FL	Zip Code	
	named entit tions of regist		r the purpose of changing its	register	ed office or registe	red agent, or bo	oth, in the State of Florid	a. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if applicable (NOT	E Registere	d Agent signature require	d when reinstating)	-	DATE		
Filing Fee is \$50.00 Due by May 1, 2007										
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9.	ue by May			10.				epartme		9
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9.	MGR HIRT, WA	MANAGING MEMBE		TITLE	E		Florida D	epartme (ANGES	nt of State	
9. TITLE NAME	MGR HIRT, WA	y 1, 2007 MANAGING MEMBE		TITLI NAM STRE	ſ		Florida D	epartme (ANGES	nt of State	
9. TITLE NAME STREET ADDRESS	MGR HIRT, WA	MANAGING MEMBE ARREN BASTIAN RD		TITLI NAM STRE	E E1 ADDRESS - S1 - ZIP		Florida D	epartme HANGES	nt of State	
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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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: OF AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #