FILED Feb 28, 2007 8:00 am Secretary of State 02-28-2007 90148 024 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

SECTELATY
02-28-2007 90148 C

DOCUMENT # L06000011440 1. Entity Name CML, LLC				60019777		
Principal Plac	e of Business	Mailing Address	<u> </u>			
4307 SW MOORE STREET PALM CITY, FL 34990 4307 SW MOORE STREET PALM CITY, FL 34990 PALM CITY, FL 34990			ET	والمراوا المراوا المراوا المراوا المراوا المراوا المراوا والمراوا والمراوا المراوا المراوا المراوا المراوا	EL 1 51 1	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02242007 Chg-LLC CR2E083 (12/06)		
City & State		City & State		4. FEI Number Applie 57-123 05 94 Not Ap	d For oplicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required \$5.00 Addition	nal	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
TASSELL, DAVID C			Name	Name		
941 N. A1A JUPITER, FL 33477			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
001 /1 E/1,	12 00411					
	1,		City	FL Zip Code		
	named entity submits this statement to ions of registered agent.	r the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and	accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and life if applicable INOTE	: Registered Agent signature req	using when reinstating) DATE		
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State		
		i		riorina department of other		
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/CHANGES		
9. ITILE	MANAGING MEMBE	RS/MANAGERS Delete	10.	ADDITIONS/CHANGES	Addition	
TITLE NAME	MGRM WATKINS, TERESA		FITLE NAME	ADDITIONS/CHANGES] Addition	
TITLE NAME STREET ADDRESS	MGRM WATKINS, TERESA 4307 SW MOORE STREET		TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES] Addition	
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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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JULIA WALLOW MANAGER OF AUTHORIZED DEPOSSENTATI

2/25/07 7

Daytime Phone #