



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90077 024 ****50.00

DOCUMENT # L06000014827 1. Entity Name FERMATA, L.L.C.																							
Principal Place of Business 2550 EISENHOWER BLVD., SUITE 209 FT. LAUDERDALE, FL 33316			Mailing Address P.O. BOX 639 FORT LAUDERDALE, FL 33302																				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																					
City & State Zip Country		City & State Zip Country		4. FEI Number 04132007 Chg-LLC CR2E083 (12/06) Applied For <input checked="" 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 LEONARD, C. GLENN 1995 EAST OAKLAND PARK BLVD., SUITE 105 FORT LAUDERDALE, FL 33306																			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____																			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:65%; padding: 2px;"> MGRM JACKSON, ROBERT I 2550 EISENHOWER BLVD., SUITE 209 FT. LAUDERDALE, FL 33316 </td> <td style="width:20%; text-align: right; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"></td><td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"></td><td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"></td><td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"></td><td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"></td><td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACKSON, ROBERT I 2550 EISENHOWER BLVD., SUITE 209 FT. LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:65%; padding: 2px;"></td> <td style="width:20%; text-align: right; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"></td><td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"></td><td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"></td><td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"></td><td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"></td><td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>		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"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition	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"/> 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.			
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SIGNATURE: <i>Robert I. Jackson</i> ROBERT I JACKSON 4-25-07 (954) 525-2558 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																							