2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## FILED Jun 06, 2007 8:00 am Secretary of State

5/4

DOCUI 1. Entity Nam SANFOR	# L0600001685			05-04-2007	90308	043 ***	*50.00			
Principal Place	o of Business		Mailing Address		1					
928 MANAT HOLLYWOO US	TEE WAY		928 MANATEE WAY HOLLYWOOD FL 33019 US							
2. Principal P	lace of Busin	ess - No P.O. Box #	3. Mailing Addross				i saturen ett 964/8 biih bem 2914 48	IN DEIDI KETA I	MB1 (519) B( B	
Suite, Apt. #, etc.			Suito, Apt. #, otc.			1st MOORE CR2E083 (10/06)				
City & State			City & State		4. FEI Nur 2-0	mber -5508365			oplied For of Applicable	
Zip	Country		Zip			1	ate of Status Desirod	<u> </u>	5.00 Add	
	and Address of Current I	7. Name and Address of New Registered Agent Name								
407	LINCOL	EDWARD E P.A. N ROAD B				(P.O. Box Nur	mber is Not Acceptable)			
PH-		L EL 22120								
MIAMI BEACH FL 33139					City		·~	FL	Zip Cod	9
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 lamitiar with, the obligations of registered agent.										and accept
SIGNATURE Signature, typed or cruited name of registered agent and bits a applicable. (NOTE: Registered Agent signature required when remaining)  DATE										
FILE NOWIII FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2007										
9.	MANAGING MEMBE	<del></del>		ADDITIONS/CH	HANGES					
TITLE.	MGRM Delete 111				i				Change	Addition
NAME STRUE LADORESS	SILVERMAN, IAN., 928 MANATEE WAY				I. Eta <b>dore</b> ss					
CITY-SI-ZIP	4	OD FL 33019		S1-71P						
HIL			☐ Ociete					Change	Addition	
NAMI STREET ADORESS				T ADDRESS						
CITY+SI-ZIP					S1 ZIP					
TITLE.			☐ Delete	·				Change	Addition	
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1011.	-		☐ Delete	1010		•			Change	Addition
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mu	}		☐ Delete	300	1			1	Change	Addition
NAME STREET ADDRESS CITY - ST- ZIP					ILIADDRESS -SIZEP					
11. I hereby certify that the information supplied with this lifting does not qualify for the exemptions contained in Section 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 eath; 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: 4 19 67 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. MANAGER OR AUTHORIZED REPRESENTATIVE Date. Date. Deprine Prome of										