## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 12, 2007 8:00 am Secretary of State 02-16-2007 90180 047 \*\*\*\*50.00

DOCUM 1. Entity Name JALALA, L	ne	#L060000302	216							
Principal Place	e of Business	s	Mailing Address	,	·	1				
541 MARY ESTHER CUTOFF FORT WALTON BEACH, FL 32548			P.O. BOX 1447 Fort Walton Beach, FL 32549							
2. Principal Pl	tace of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. (			Suite, Apt. #, etc.			01282007	Chg-LLC	CR2E08	33 (12/06)	
City & State	e		City & State			4. FEI Numb	)er		No.	oplied For of Applicable
Žip		Country	Zip	Count	try	Certificate of Status Desired				
	6. Name	e and Address of Current R	tegistered Agent		7. Name and Address of New Registered Agent Name					
LEE, ROBERT E 541 MARY ESTHER CUTOFF FORT WALTON BEACH, FL 32548				Street Address		(P.O. Box Numb	ber is Not Acceptable	)		
PUR! W	LIONDE	AUTI, FL 32040								
					City			FL	Zip Code	9
	e named entity stions of registr		r the purpose of changing its	registere	ed office or register	red agent, or bo	oth, in the State of Flor	rida. I am fa	unities with,	and accept
SIGNATURE Signature, typed or protect name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when rematating) DATE										
		S but any service on subserve	To look a supremental supremen			# WIND		<del></del>		
Fil Di	filing Poe! Sue by May	ny 1, 2007 					Make check payable to Florida Department of State			
9.	MGRM	MANAGING MEMBER		10.			ADDITIONS/		Manag	☐ Addition
TITLE NAME	LEE, ROB		☐ Deleta	NAM	Œ				☐ Change	Lj <b>70</b> 00pm
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NAME			L. F. Ucicae	HAM	E				□ ∧ımın	U name.
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11   hereby (	cortify that It	he information supplied with	this filing done are quality for		r-ST-2IP	Chapter 110	Posida Ctatutae I for	-har portify	that the infe	ation
11. Thereby 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 acculate and that my alguature shall have the same legal effect as if made under cath; that I am a managing member or manager of the limited liability company or the receiper or trustee empoyed ed to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: 1-29-07 (850) 244-7611										
SIGNATURE:										