

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90005 021 ***138.75

60039580



01042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-4613958

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHAPMAN, KRISTINE M ESQUIRE
2000 GLADES ROAD
STE. 306
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STEVENSON, GWENN
STREET ADDRESS	7427 FLORANADA WAY
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	MGR MGRM
NAME	FREEMAN, GORDON PRES.
STREET ADDRESS	6809 PORTSIDE DRIVE 4723 W. Atlantic Ave. A-20
CITY-ST-ZIP	BOCA RATON, FL 33491 Delray Beach, Fl. 33445
TITLE	MGR
NAME	FREEMAN, KYLE VP
STREET ADDRESS	1423 OXFORD LANE #17B 4723 W. Atlantic Ave A-20
CITY-ST-ZIP	BOYNTON BEACH FL 33426 Delray beach, Fl. 33445
TITLE	MGR
NAME	STEVENSON, GWENN
STREET ADDRESS	7427 FLORANADA WAY
CITY-ST-ZIP	DELRAY BEACH, FL. 33446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

W. GORDON FREEMAN

4-17-08

561-819-0877