

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90358 002 \*\*\*\*50.00

|   |   |                           |   |  |  |
|---|---|---------------------------|---|--|--|
| <b>DOCUMENT # L06000034471</b>  |   |                           |   |  |  |
| <b>1. Entity Name</b><br>THE ONE, LLC   |   |                           |   |  |  |
| <b>Principal Place of Business</b><br>1820 N CORPORATE LAKES BLVD<br>SUITE 206<br>WESTON, FL 33326 US   |   |                           | <b>Mailing Address</b><br>1820 N CORPORATE LAKES BLVD<br>SUITE 206<br>WESTON, FL 33326 US |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b> |   |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.       |   |  |  |
| City & State  |   | City & State              |   | <b>4. FEI Number</b><br>20-4632829   |  |
| Zip   |   | Country                   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                       |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>LORENZO, JOSE E<br>1820 N CORPORATE LAKES BLVD.<br>206-14<br>WESTON, FL 33326   |   |                           |   | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| <b>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.</b>  |   |                           |   | Applied For<br>Not Applicable  |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)   |   |                           |   |  |  |
| Signature, typed or printed name of registered agent and title if applicable. DATE  |   |                           |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>   |   |                           | <b>Make check payable to<br/>Florida Department of State</b>                              |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |                           | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>L & L CONSULTANTS & INVESTMENT, CORP<br>833 REGAL COVE RD<br>WESTON, FL 33327 |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>SP GROUP, LLC<br>3742 W GARDENIA AVE<br>WESTON, FL 33332                      |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>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.</b> |   |                           |   |  |  |
| <b>SIGNATURE:</b> _____   |   |                           | Date: 04/11/07      Daytime Phone #: 954217 8616  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |                           |   |  |  |