## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT.

## **FILED** Jun 11, 2007 8:00 am Secretary of State 04-19-2007 90029 011 \*\*\*\*50.00

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Suite, Apt. #, City & State Zip  HAMILTON, 905 COPELI EVERGLADI  8. The above ne the obligation SIGNATURE Fills Due	ID AVENUE CITY, FL 34139 ace of Business - No P.O. Box #		. 34139 Coun	Name	04092007  4. FEI Numbe  5. Certificate  7. Name and	Chg-LLC  O 888  Ol Status Desired  Address of New I	\$5.00 Ad Fee Require	pplied For ot Applicable
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9.	Signature, typed or parted name of registered agent	ON) eldscalique is alth time	TE: Registeres	d Agent aigneture redu	red when reinstating)		DATE	
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indicated or	ertify that the information supplied with on this report is true and accurate and pility company or the receives or truste	that my signature shall have	the same	e legal effect as i	I made under oath	; that I am a mana	turther certify that the info ging member or manage	imation or of the