


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000044291	
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FILED
07 APR 23 AM 9:55
BK
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 255 AYERS COURT TALLAHASSEE, FL 32305	Mailing Address 255 AYERS COURT TALLAHASSEE, FL 32305
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04232007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent TRAN, LISA 255 AYERS COURT TALLAHASSEE, FL 32305	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

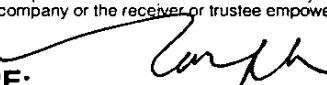
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRAN, LISA 255 AYERS COURT TALLAHASSEE, FL 32305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. TRAN, SAMANTHA 255 AYERS CT. TALLAHASSEE, FL 32305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. TRAN, SAMANTHA 255 AYERS CT. TALLAHASSEE, FL 32305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300101821753 05/08/07--01023--016 **150.00
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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:  4.23.07 (850) 566-1819

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #