



**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90364 025 \*\*\*\*50.00

DOCUMENT # L06000048197			
1. Entity Name 6621 PEMBROKE ROAD, LLC		Principal Place of Business 6621-6681 PEMBROKE ROAD PEMBROKE PINES FL 33023	
2. Principal Place of Business - No P.O. Box #		Mailing Address <del>6621-6681 PEMBROKE ROAD</del> <del>PEMBROKE PINES FL 33023</del> 14280 SABAL DRIVE MIAMI LAKES, FL 33014	
Suite, Apt. #, etc.		3. Mailing Address 14280 SABAL DRIVE	
City & State		Suite, Apt. #, etc.	
City & State MIAMI LAKES, FLORIDA		City & State MIAMI LAKES, FLORIDA	
Zip 33014	Country USA	4. FEI Number 03-0590578	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		1st MOORE CR2E083 (10/06)	
6. Name and Address of Current Registered Agent LIPSON, STUART A ESQ. 16900 N.E. 19TH AVENUE N. MIAMI BEACH FL 33162		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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 retaining)			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM TSAI, WILLIE 14280 SABAL DRIVE MIAMI LAKES FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 606, Florida Statutes.			
SIGNATURE 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			