
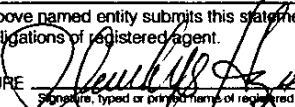



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

|  |   |   |  |
|--|---|---|--|
| <b>DOCUMENT # L06000048961</b><br>1. Entity Name<br><b>NIURKY HERNANDEZ, LLC</b>   |   |    |  |
| Principal Place of Business<br><b>30103 SW 159 CT<br/>HOMESTEAD, FL 33033</b>  |   | Mailing Address<br><b>30103 SW 159 CT<br/>HOMESTEAD, FL 33033</b>   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.<br>City & State<br>Zip      Country  |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip      Country   |  |
| 4. FEI Number<br>Applied For<br>Not Applicable   |   | 07252007    Chg-LLC    CR2E083 (12/06)  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |   | 6. Name and Address of Current Registered Agent<br><b>HERNANDEZ, NIURKY<br/>30103 SW 159 CT<br/>HOMESTEAD, FL 33033</b>   |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br>SIGNATURE:  DATE: _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |
| <b>Filing Fee is \$50.00<br/>Due by September 14, 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   | MGR<br><b>HERNANDEZ, NIURKY</b><br><b>30103 SW 159 CT</b><br><b>HOMESTEAD, FL 33033</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>500107074825</b><br><b>08/01/07--01038--004    **50.00</b> |
| 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  |
| 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 MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #  |  |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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