


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90121 018 ****50.00

DOCUMENT # L06000053613

1. Entity Name
 LRAC, LLC



Principal Place of Business
 P.O. BOX 450903
 SUNRISE, FL 33345

Mailing Address
 P.O. BOX 450903
 SUNRISE, FL 33345

2. Principal Place of Business - No P.O. Box #
 1363 N.W. 122 Terrace
 Suite, Apt. #, etc.

3. Mailing Address
 1363 N.W. 122 Terrace
 Suite, Apt. #, etc.



03072007 Chg-LLC CR2E083 (12/06)

City & State
 Pembroke Pines, Fla.

City & State
 Pembroke Pines, Fla.

Zip
 33026

Country
 USA

Zip
 33026

Country
 USA

4. FEI Number
 11-3781662

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
 3732 N.W. 16TH STREET
 FT. LAUDERDALE, FL 33311-4132

7. Name and Address of New Registered Agent

Name
 Carl Nierenburg

Street Address (P.O. Box Number is Not Acceptable)
 1363 N.W. 122 Terrace

City
 Pembroke Pines FL Zip Code
 33026

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 3/7/07


Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIERENBURG, CARL P.O. BOX 450903 SUNRISE, FL 33345 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS 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:  DATE 3/7/07 DAYTIME PHONE # 305-491-7522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE