## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 09, 2008 8:00 am Secretary of State

DOCUMENT # L06000053613  1. Enlity Name LRAC, LLC				S	Secretary of State 01-09-2008 90020 049 ***138.75		
	e of Business 2ND TERRACE PINES, FL 33026	Mailing Address 1363 NW 122ND TERR PEMBROKE PINES, FL		. 150()40). 81	ATIKS SUK COLU CEK ET	III <b>181</b> 0   Englesia 1810   Englesia 1810	<b>11</b> . 41. 1 <b>1.1</b>
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032008	Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Numb 11-378		<del> </del>	plied For Applicable
Zip	Country	Zip	Country		of Status Desired	S5.00 Addi Fee Required	
	6. Name and Address of Current	t Registered Agent	Name	7. Name and	Address of New F	Registered Agent	
NIERENBURG, CARL 1363 NW 122 TERRACE PEMBROKE PINES, FL 33026			Street Address (P.O. Box Number is Not Acceptable)				
	·		City			FL Zip Code	,
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its	registered office or	registered agent, or bo	th, in the State of FI		and accept
SIGNATURE .	Signature, typed or printed name of registered agent	n and trie if applicable. (NOT	E: Registered Agent signate	re required when reinstating)		DATE	
After May	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.7				Florid	ke check payable to a Department of State	á.
	/ 1, 2008 Fee will be \$538.7		10.	MGRM	Florid	A Department of State	
After May	y 1, 2008 Fee will be \$538.7		10. TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM Carl W 1363 W.W Pumbrok	ADDITIONS Lenbur	A Department of State	Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEMB MGRM NIERENBURG, CARL P.O. BOX 450903	ERS/MANAGERS	TITLE NAME STREET ADDRESS	MGRM Carl W 1363 N.W Punbrok	ADDITIONS Lenbur	Department of State	Addition
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMB MGRM NIERENBURG, CARL P.O. BOX 450903	ERS/MANAGERS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM Carl W 1363 W.W Punbrok	ADDITIONS Lenbur	A Department of State  /CHANGES  Department of State  /CHANGES  Department of State	Addition
9. IUILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMB MGRM NIERENBURG, CARL P.O. BOX 450903	ERS/MANAGERS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM Carl W 1363 W.W Pumbrok	ADDITIONS Lenbur	Department of State /CHANGES   Department of State /CHANGES   Department of State	Addition
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MANAGING MEMB MGRM NIERENBURG, CARL P.O. BOX 450903	ERS/MANAGERS  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM Carl W 1363 WW Punbrok	ADDITIONS Lenbur	Department of State  /CHANGES  Department of State  /CHANGES  Department of State  /CHANGES	Addition Addition
9.  ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMB MGRM NIERENBURG, CARL P.O. BOX 450903	ERS/MANAGERS  Delete  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Carl W 1363 W.W Pumbrok	ADDITIONS Lenbur	Department of State  /CHANGES  Department of State  /CHANGES  Department of State  /Change	Addition Addition Addition
9.  ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMB MGRM NIERENBURG, CARL P.O. BOX 450903	ERS/MANAGERS  Delete  Delete  Delete  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ADDITIONS LIPING TONY LIPINGS	Department of State  /CHANGES    Change   Change     Change     Change	Addition Addition Addition Addition

11. I hereby certify that the information supplied with this filting does not quality for the exemptions contained in Chapter 119, Horida 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE SIGNATURE AND TYPED ON PRINTED MARGO SIGNING MANAGE

ER, OR AUTHORIZED REPRESENTATIVE

/3/08

305-491-75