


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 24, 2007 8:00 am
Secretary of State

03-08-2007 90189 011 ****50.00
 07-12-2007 90009 041 ****50.00

DOCUMENT # L06000054422

1. Entity Name
 10777 W. SAMPLE ROAD #703, LLC



Principal Place of Business 11161 N.W. 24TH STREET CORAL SPRINGS, FL 33065	Mailing Address 11161 N.W. 24TH STREET CORAL SPRINGS, FL 33065
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66021414



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

07052007 Chg-LLC CR2E083 (12/06)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

M & W AGENTS, INC.
 2101 CORPORATE BOULEVARD, SUITE 107
 BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name Catherine McDonnell

Street Address (P.O. Box Number is Not Acceptable)
11161 NW 24th St

Coral Springs FL 33065

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 Catherine McDonnell (NOTE: Registered Agent signature required when re-registering) DATE July 10, 2007

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Catherine McDonnell</u> <input type="checkbox"/> Delete <u>11161 NW 24th St</u> <u>Coral Springs, FL 33065</u> MGRM
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
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: Catherine McDonnell DATE July 5, 2007 934-873-6598

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