2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 07, 2007 8:00 am Secretary of State 05-09-2007 90029 001 ****50.00

5.

DOCUMENT # L06000061666 1. Entity Name LL, LLC						ACCIONATE OF THE PROPERTY OF T				
Principal Place of Business 1197 SOUTH ROGERS CIRCLE BOCA RATON, FL 33487			Mailing Address 1197 SOUTH ROGERS CIRCLE BOCA RATON, FL 33487			1161010	30010081			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04242007	Chg-LLC	CR2E083 (12/06)		
City & State			City & State		4. FEI Numb	505390°	4 IN	pplied For ot Applicable		
Zip 	Country		Zip	Count			e of Status Desired	55.00 Ad Fee Require		
	6, Name	and Address of Current	Registered Agent	egistered Agent Name		7. Name and	d Address of New Ro	gistered Agent	·	
LUPO, JAC 1197 SOU BOCA RAT	TH ROGE	ERS CIRCLE 33433		Street Address		s (P.O. Box Numb	ber is Nol Acceptable)			
BOOK 101011, 1 E 33433										
					City			FL Zip Coo		
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 Signature, lysered or pricted run in cit respective apend and latter applicable (NOTE Regulated Agend suprimise registered when restricting). DATE										
Filing Fee is \$50.00 Due by May 1, 2007			3 - 19 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				Make check payable to Florida Department of State			
9.		MANASING MEMB			2. 12. in 18	75	ADDITIONS/C		The agents	
TITLE NAME	MGR LUPO, JA	4CK	🗖 Delde 🕏	DTLE NAM		`		Change	Addition	
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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 TYPES OR PROVIDED NAME OF SIGNING MANAGENG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Department of Signing Provided Managers Department of Signing Managers Date Date Date Department of Signing Managers Date Date Date Date Department of Signing Managers Date Date Date Date Date Date Date Date										