

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 07, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90029 001 \*\*\*\*50.00

<b>DOCUMENT # L06000061666</b>					
<b>1. Entity Name</b> LL, LLC				<b>Principal Place of Business</b> 1197 SOUTH ROGERS CIRCLE BOCA RATON, FL 33487	
<b>Mailing Address</b> 1197 SOUTH ROGERS CIRCLE BOCA RATON, FL 33487				<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc. City & State Zip Country	
<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country				<b>4. FEI Number</b> 20-5053904 <b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b>  LUPO, JACK 1197 SOUTH ROGERS CIRCLE BOCA RATON, FL 33433	
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				<b>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.</b> SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title is applicable (NOTE: Registered Agent signature required when overprinting)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>		<b>9. MANAGING MEMBERS / MANAGERS</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR LUPO, JACK 1197 S. ROGERS CIRCLE BOCA RATON, FL 33487	<input type="checkbox"/> Delete	<b>10. ADDITIONS / CHANGES</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDSTEIN, DALE 1197 S. ROGERS CIRCLE BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDSTEIN, DALE 1197 S. ROGERS CIRCLE BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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