2007, LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT										
1. Entity Nam		# L06000062	2510				O7 JAN FALLAHAS		ED.	
Discipal Discord Discipance							" JAN	17	•	
Principal Place of Business			Mailing Address				Se :	· / 4H	9: 2:	
10670 S.W. 7TH TERRACE MIAMI, FL 33174			10670 S.W. 7TH TERRACE Miami, Fl. 33174			1	TATIONSTA	AV.	2. 21	
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2. Principal P	Place of Busines	ss - No P.O. Box #	3. Mailing Address						T FALS	
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Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.		01172007	Chg-LLC	CR2E08	33 (12/06)	
City & State			City & State	City & State		4. FEI Numb		70		olied For Applicable
Zip		Country	Zip	Cour	ntry		e of Status Desired		55.00 Addi	
	6. Name a	nd Address of Current	Registered Agent			7. Name and	d Address of New R	legistered A	gent	
Name										
	RA, JORGE V. 7TH TERI . 33174			Street Address		(P.O. Box Numb	per is Not Acceptable	e)		
					City	<u>.</u>			Zip Code	!
					<u> </u>			<u>FL</u>		
			or the purpose of changing it:	s register	red office or register	red agent, or bo	oth, in the State of Flo	orida. I am f	amiliar with,	and acce
the obligat	tions of register	ed agent.	_				_	. 1	127	
SIGNATUREOIIIO										
	Signature, typed or	printe harne of registered agen	and title if applicable. (NO:	TE: Registere	ed Agent signature required	d when reinstating)		DATE	<u> </u>	
Fi D	iling Fee is ue by May	\$50.00 1, 2007		İ		e check pa a Departme	yable to ent of State			
9.		MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE	MGRM		☐ Delete	TITE	E I				Change	Addition
NAME	1	A, JORGE O	NAM							
STREET ADDRESS	1	. 7TH TERRACE		STR	EET ADDRESS					
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NAME]		LA DOIGIE	NAM	-					L. CHOUGH
STREET ADDRESS					EET ADORESS					
CITY-ST-ZIP*				CIT	Y-ST-ZIP					
TITLE -	 		☐ Defete	TITE	LE T	·			☐ Change	Addition
NAME 1	[- Delete	NAN					57,01190	
STREET ADDRESS					REET ADDRESS					
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. NAME				NAM						
STREET ADDRESS					EET ADDRÉSS					
CITY-ST-ZIP					Y-ST-ZIP					
11. hereby	certify that the	information supplied wit	h this filing does not qualify fo			Lin Chanter 110	Florida Statutes 1 f	urther certify	that the info	rmation
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 signaful versual that the signaful exemption indicated on this report is true and accurate and that my signaful versual this report is a signaful exemption. Exclude the containing the results are accounted to the containing th										
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
}			. 1				- 1 - 1			
SIGNATURE: OI I OT										
SIGNATURE AND TYPED OR PRINTED NOME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Daytine Prone #										