## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L06000063269



## FILED Jan 17, 2007 8:00 am Secretary of State

1. Entity Narr N & C 1,						01-17-2007 9	90007 01:	3 ****50.	.00
Principal Plac	e of Business	Mailing Address	•		İ				
5716 S. ABSHIER BLVD. 5716 S. ABSHIER BLVL BELLEVIEW, FL 34420 US BELLEVIEW, FL 34420									
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01082007	Chg-LLC	CR2E08	83 (12/06)	
City & State		City & State			4. FEI Numb	go-509.	57/5		plied For t Applicable
Zip	Country	Zip	Coun	try	5. Certificati	e of Status Desired		\$5.00 Add Fee Required	
	6. Name and Address of Current	Registered Agent		Name	7. Name an	d Address of New F	Registered A	gent	
5716 S. A	/ORTH, MICHAEL C BSHIER BLVD. W, FL 34420				P.O. Box Number is Not Acceptable)				
				City	<del></del>		FL	Zip Code	9
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, typed or planted name of registered agent a	and title if applicable. (NOT	E Registere	d Agent signature required	(when reinstatung)		DATE	<del></del>	
Fi D	iling Fee is \$50.00 ue by May 1, 2007						ke check pa a Departme		•
9.	MANAGING MEMBE		10.			ADDITIONS	/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM N & C, LLC 5716 S. ABSHIER BLVD. BELLEVIEW, FL 34420	☐ Delete		3				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAMI STRE		19.1	4-4-4-4		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		- 4	-			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	ET ADDRESS ST-ZIP				☐ Change	Addition
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have.	the same	legal effect as if m	isco sabru aber	h that I am a mana	urther certify ging member	that the infor	mation r of the

SIGNATURE: Nicke 4 4/1/ Celsworth NICKE F. WIGGISWORTH	1/12/07	352-245-1443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #