2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 06, 2007 8:00 am Secretary of State 03-07-2007 90214 001 ****50.00 3/7

1. Entity Name	e	L060000674 MENTS LLC	104				007 90214 001 **	**50.00	
Principal Place of Business Mailing Address 636 US HIGHWAY ONE, STE. 118 636 US HIGHWAY ONE, STE. NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33					8	100000) U + Im 4886 bink 8516 bink 14mi bi	OTTO NA LEGA
2. Principal Pl	lace of Busines	ss - No P.O. Box #	3. Mailing Address						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			01082007	Chg-LLC	CR2E083 (12/06)	
City & State			City & State			4. FELNumb	° 30 → 7	\ a n ——	oplied For ot Applicable
Zip	Country		Zip Co		try	5. Certificate of Status Desired S5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name				
CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E					Street Address (P.O. Box Number is No Acceptable)				
PALM BEA	ACH GARDE	ENS, FL 33410			65 16 Hidway Ove - Suite U8				
					City Noc	haber	Shouth	FL Zin Cor	.[میا
The above named entities 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 Bypestre, of acids printed and supplied as agent and 500 if applicable (ACITE: Ref Savest Agent algorithms required when refrestating) DATE									
Fi Di	iling Fee is ue by May	\$50.00 1, 2007						ke check payable to a Department of Stat	
9.		MANAGING MEMBER		10.			ADDITIONS	/CHANGES	
TITLE - NAME	MURPHY,		☐ Delete	TITLE				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		HWAY ONE, STE. 11 LM BEACH, FL 33406			ET ADDRESS - ST-ZIP				{
TITLE	ļ ,	1.3.	Detete	TITL				☐ Change	Addition
STREET ADDRESS			\$		ET ADORESS				
CITY-ST-ZIP			CITY CITY		-ST-ZIP		,	☐ Change	Addition
KAME			La Delas	KAM	E				
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP				
TITLE NAME			Delete	TITL NAM	L L			Change	Addition
STREET ADDRESS				STRE	ET ADORESS				{
TITLE					-ST-ZIP		. <u>-</u> -	☐ Change	Addition
NAME STREET ADDRESS	N				E ET ADDRESS				_
CITY-ST-ZIP				1	- ST- ZIP				
TITLE NAME		-	☐ Deleta	ITIL				Change	Addition
STREET ADDRESS		./		STRE	EFT ADDRESS -ST-ZIP				
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is tree and that my signature shall have the same legal effect as if made under cath; that I am a managing member or manager of the limited liability company with a receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: Work S/5/2007									