## FILED Apr 18, 2007 8:00 am Secretary of State 03-29-2007 90181 010 \*\*\*\*50.00

## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1. Entity Nam	8	# L0600006 LY MANAGEMI							
Principal Place 3220 NORTH MIAMI, FL 33	IWEST 16TH			3220 NORTHWEST 16TH TERRACE			30005085		
2. Principal Pl	lace of Busine	ess - No P.O. Box #	3. Mailing Address						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-LLC C	:R2E083 (12/06)	
City & State			City & State	City & State			-087/4	<i>r - r</i>	pplied For ot Applicable
Zip		Country	_Zip	Count	ιλ ¯	5. Certifical	_	\$5.00 Ad Fee Require	ditional
	6. Name	and Address of Curr	ent Registered Agent		Name	7. Name an	d Address of New Regis	tered Agent	
GUTIERRE	7 DERO	₹A			Name				
	THWEST '	16TH TERRACE			Street Address (P.O. Box Number is Not Acceptable)				
				City				FL Zip Coo	le
8. The above	named entity	submits this statemen	of for the purpose of changing its	registere	d office or registe	red agent, or b	oth, in the State of Florida.	1	and accept
SIGNATI IDE	ions of registe								
	Signature, typed o	purced name of registered as	gent and site if applicable (NOT	E. Registered	Agent signesure require	id when remislating)	,	DATE	
Filing Fee (§ \$50.00 Due by May 1, 2007								eck payable to partment of Stat	6
9.		MANAGING MEN	MBERS/MANAGERS	10.			ADDITIONS/CHA	NGES	
INLE	MGRM 4		Detete	TITLE				☐ Change	Addition
NAME STREET ADDRESS		EZ, DEBORA THWEST 16TH TE	DDACE.	NAME	I ADORESS				
CITY-SI-ZIP	MIAMI, FL		NAME		ST-ZIP				
TITLE	MGRM		☐ Delete	HILE				Change	☐ Addition
NAME	GUTIERRE	EZ, EFRAIN M		NAME					<u></u>
STREET ADDRESS		THWEST 16TH TE	RRACE		T ADDRESS				
CITY-ST-ZIP	MIAMI, FL	33125			\$1 - ZIP				
TITLE Maane			☐ Delete	- TITLE NAME	ľ			Change	Addition
STREET ADDRESS			•		T ADDRESS				
"CITY-ST-ZIP"	· <del>-</del>	<del>-</del>		City-	ST-74P		<del>-</del> .	=	
TITLE			☐ Deleta	IIILE		•		☐ Change	Addition
NAME CONTEXT LOGISTICS	I			NAME	l				
STREET ADDRESS CITY-ST-ZIP					ST-ZIP				
TOLE			Delete	TILE	<del></del>			Change	- America
NAME			C) DEIGIG	NAME	1			TT cuands	☐ Addition
STREET ACCRESS					T ADORESS				
CITY-ST-ZIP				CHTY-	SI-ZIP				
TITLE			☐ Delete	TOTLE				Change	Addition
NAME STREET ADDRESS				STREE	T ADDRESS				
CITY-ST-ZIP					ST-ZIP				
11. I hereby of indicated	on this report	t is true and accusete a	with this filing does not qualify fo and that my signature shall have	or the exem	nptions contained legal effect as if of	made under oat	th: that I am a managing n	centily that the info nember or manage	rmation
limited lia	bility compan	y or the receiver or tru	stee empowered to execute this	report as	required by Chap	oter 608, Florida		-	
SIGNAT	URE( 🛬	ND TYPED OR PRINTER NAM	HE OF SIGNING MANAGING MEMBER MA	NAGET OF	·	FUTATOR	1/25/0/		
					AUTHORIZED REPRES			Daytime Phone #	