
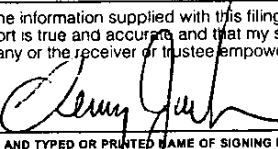


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90153 048 ****50.00

DOCUMENT # L06000075068					
1. Entity Name SMOOTHIE BOYS, L. L. C.					
Principal Place of Business 3190 S W 165TH AVENUE MIRAMAR, FL 33027-5245 US			Mailing Address 3190 S W 165TH AVENUE MIRAMAR, FL 33027-5245 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent JACKSON, SEMAJ C 3190 S W 165TH AVENUE MIRAMAR, FL 33027-5245			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
JACKSON, SEMAJ C 3190 S W 165TH AVENUE MIRAMAR, FL 33027-5245			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACKSON, SEMAJ C SR 3190 S W 165TH AVENUE MIRAMAR, FL 330275245	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACKSON, TANGELA E 3190 S W 165TH AVENUE MIRAMAR, FL 330275245	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
SIGNATURE: 			4/10/07 954 818-6321		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

60034803



01282007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
 20-5282206 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required