FILED Apr 05, 2007 8:00 am Secretary of State 03-19-2007 90463 042 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Principal Place 2255 GLADE 200-E	e of Business	L06000078	Mailing Address 2255 GLADES ROAD 200-E	21		1	3000	4170	
BOCA RATON 2. Principal P		s - No P.O. Box #	BOCA RATON, FL 33431 3. Mailing Address						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			02152007		CR2E083 (12/06)	ITOT OT (ST)
City & State	e		City & State			4. FEI Numl	5691761	Ar	plied For part Applicable
— Zip ——	Zip — Country —		ZipCountry		lsy	!	e of Status Desired	□ \$5:00 Add	постан
	6. Name an	d Address of Current	legistered Agent Name		Name	7. Name and Address of New Registered Agent			
	, EDWARD I DES ROAD	Н	Street Ad		Street Address (s (P.O. Box Number is Not Acceptable)			
	TON, FL 334	131					······································		
					City		_	FL Zip Cod	e
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 printed nems of registered agent and site of applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
. FI	iling Fee is t ue by May 1	\$50.00			<u></u>		check payable to Department of State		
9. MANAGING MEMBE			RS/MANAGERS 10.			ADDITIONS/CHANGES			
TITLE NAME	MGRM KESSNER. I	EDWARD H	☐ Delete	11TLI NAM				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	2255 GLADE	ES ROAD #200-E DN, FL 33431		STRE	E1 ADDRESS -S1-ZIP				
TITLE	DOGATORIO	711,1 E 30401	☐ Delete	TITLE	—————			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP					E Et address -st-zip				
TITLE	 -	 , , , , , , , , , , , , , , , , , , ,	☐ Deleta	TITLE			·· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
STREET ADDRESS				STRE	EET ADOFESS -ST-ZIP				
TITLE NAME	<u> </u>		Delete	TITLI				☐ Change	☐ Addition
STREET ADDRESS CITY+S1+ZIP					ET ADDRESS -ST-ZIP]
TITLE			☐ Oelete	TITLE				☐ Change	☐ Addition
STREET ADDRESS CATY+ST-ZIP		_		STRE	EF ADDRESS -ST-ZIP				
TITLE NAME			☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				STRE	et address -St-Zip				Ì
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 pacure this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: MUNICIPAL STATES OF PRINTED OF PRINTED NAMEZPASER/SECTIONAL OF AUTHORIZED N									
SIGNAL		TYPED OR PRINTED NAMED	NAMES AND ADDRESS OF THE PARTY	BAGER, OF	AUTHORIZED WINTER	MEATIVE	Date	Diverse Prove 6	