2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2007
Secretary of State

DOCUMENT# L06000078877

Entity Name: 824 S FED HWY LAKE WORTH, LLC

Current Principal Place of Business:

7654 SE MUIR WOODS LANE
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

7654 SE MUIR WOODS LANE
HOBE SOUND, FL 33455

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

MILAZZO, THOMAS
7654 SE MUIR WOODS LA
HOBE SOUND, FL 33455 US

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.

SIGNATURE: THOMAS MILAZZO 02/07/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MILAZZO, STEPHANIE
Address: 7654 SE MUIR WOODS LANE
City-St-Zip: HOBE SOUND, FL 33455

Title: MGR ( ) Delete
Name: MILAZZO, THOMAS
Address: 7654 SE MUIR WOODS LANE
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MILAZZO, THOMAS
Address: 7654 SE MUIR WOODS LANE
City-St-Zip: HOBE SOUND, FL 33455

Title: MGR (X) Change ( ) Addition
Name: MILAZZO, STEPHANIE
Address: 7654 SE MUIR WOODS LANE
City-St-Zip: HOBE SOUND, FL 33455

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS MILAZZO MGR 02/07/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date