2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Jan 23, 2008 08:00 A Secretary of State

DOCUMENT #	: L06(יססס	081	1104
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1. Entity Name

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY ST-ZIP

THE SEVEN DWARFS, LLC



Principal Place of Business

29 SOUTH FEDERAL HIGHWAY DANIA, FL 33004

Mailing Address

29 SOUTH FEDERAL HIGHWAY DANIA, FL 33004



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5388526

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SEGAUL & STOLL, P.A. 8751 WEST BROWARD BOULEVARD SUITE 404 PLANTATION, FL 33324

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	named entity submits this statement for the purpose of char ions of registered agent.	nging its registere	ed office or registered agent, or bot	h, in the State of Florida. I am familiar with, a	nd accept	
SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE		
FILE After May	NOWIII-FEE IS \$138.75 71, 2008 Fee will be \$538.75				138.75	
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM BABYAK, JOSHUA 29 SOUTH FEDERAL ĤIGHWAY DANIA, FL 33004					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	DO	NOT WRITE	•	
TITLE NAME STREET ADDRESS			IN 7	THIS SPACE		

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 eath; that I am a managing member or manager of the limited liability company of the receiver or y using empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND WIPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

|15|2008

954-123-1414°