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

08-06-2007 90055 046 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000081665

1. Entity Name
NEVER ENOUGH LLC

30012817

07252007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
~~2799 NW BOCA RATON BLVD.~~ ~~SUITE 203~~ ~~BOCA RATON, FL 33431~~	~~2799 NW BOCA RATON BLVD.~~ ~~SUITE 203~~ ~~BOCA RATON, FL 33431~~
2. Principal Place of Business - No P.O. Box #: 945 N.W. 6TH AVE	3. Mailing Address: 945 N.W. 6TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON FL	City & State: BOCA RATON FL
Zip: 33432 Country: USA	Zip: 33432 Country: USA

4. FEI Number: 20-5395443 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~SCIARRETTA, STEVEN A~~
~~2799 NW BOCA RATON BLVD.~~
~~SUITE 203~~
~~BOCA RATON, FL 33431~~

7. Name and Address of New Registered Agent

Name: EDMUND C. SCIARRETTA
Street Address (P.O. Box Number is Not Acceptable): 945 N.W. 6TH AVE.
City: BOCA RATON FL Zip Code: 33432

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] 7/31/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: ~~MGR~~ NAME: ~~SCIARRETTA, STEVEN A~~ STREET ADDRESS: ~~2799 NW BOCA RATON BLVD.~~ CITY-ST-ZIP: ~~BOCA RATON FL 33431~~	☒ Delete	TITLE: MGR NAME: SCIARRETTA, EDMUND STREET ADDRESS: 945 N.W. 6TH AVE CITY-ST-ZIP: BOCA RATON FL 33432	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] Manager 7/31/07 (561) 392-4490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

EDMUND C. SCIARRETTA