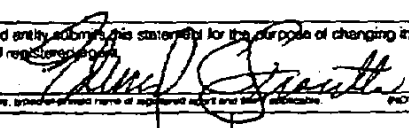
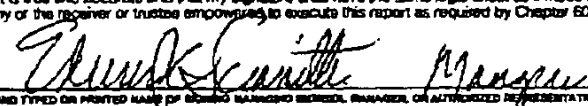


FILED
Sep 11, 2007 8:00 am
Secretary of State

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

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000081665			
1. Entity Name NEVER ENOUGH LLC			
Principal Place of Business 2799 NW BOCA RATON BLVD. SUITE 203 BOCA RATON, FL 33431		Mailing Address 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	
Subs, Apt. #, etc.		Subs, 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		07252007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent SCARRETTA, STEVEN A 2799 NW BOCA RATON BLVD. SUITE 203 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name EDMUND G. SCARRETTA 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, printed name of registered agent and state applicable		7/31/07 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 NAME STREET ADDRESS CITY-ST-ZIP	MGR SCARRETTA, STEVEN A 2799 NW BOCA RATON BLVD. BOCA RATON, FL 33431 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCARRETTA, EDMUND 945 N.W. 6TH AVE BOCA RATON FL 33432 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		7/31/07 (901) 392-4690 DATE	