✓ 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State 05-02-2007 90341 011 ****50.00

1. Entity Nam LM TIC I I	e	# LU60000082	871			03-02-2007		~30.00		
Principal Place	e of Busines	s	Mailing Address			7	40097791)		
1645 SE 3RD COURT, STE 200 DEERFIELD BEACH, FL 33441			1645 SE 3RD COURT, STE 200 DEERFIELD BEACH, FL 33441				4000110			
							IN BRIT BITT BRIT BRIT BRIT		EI 4881 (188	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							ı
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03052007	Chg-LLC	CR2E083 (12/0)6)	
City & State			City & State		4. FEI Numi 65-07	per 191703		Applied For Not Applica		
Zip	Country		Zip	Coun		5. Certificat	e of Status Desired	☐ \$5.00 Fee Req	Additional uired	
6. Name and Address of Current F			legistered Agent			7. Name an	d Address of New Re	egistered Agent		
LLOYD GRANET, P.A 2295 NW CORPORATE BLVD, STE 235 BOCA RATON, FL 33431-7330					Name Street Address (P.O. Box Number is Not Acceptable)					
	•	4			City			FL Zip (Code	
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 name of registered agent a	and title if applicable. (Ne	OTE: Registe	red Agent signature require	ed when reinstating)		DATE		
	ling Fee ue by Ma					-		check payable to Department of S		
9.		MANAGING MEMBE	.IRS/MANAGERS	10),		ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1645	Management I SE 3rd Court, ield Beach, FI	Delete LC Ste. 200	NA St	ile Me Reet address IY-ST-ZIP			☐ Char	ge 🗌 Addi	ilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	i.	☐ Delete	NA S1	ILE IME REET ADDRESS IY-ST-ZIP			☐ Chan	ige 🗌 Add	iition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NA ST	ILE ME REET ADDRESS TY-ST-ZIP			☐ Char	nge 🔲 Addi	lition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NA 12	TLE IME REET ADDRESS TY-ST-ZIP			☐ Char	nge	lition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	NA ST	ile Ime Reet address IY-St-Zip			☐ Char	oge 🗌 Addi	lition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	N/ SA	TLE IME MEAT ADDRESS IY-ST-ZIP			☐ Char	oge 🗀 Add	lilion
11. I hereby of indicated limited lia	certify that th on this report bility compa	e information supplied with rt is true and accurate and ny or the receiver or trustee	this filing does not qualify that my signature shall have empowered to execute the	for the ex e the sai is report	remptions contained me legal effect as if as required by Cha	d in Chapter 119 made under oa pter 608, Florida	9, Florida Statutes. I fu th; that I am a manag a Statutes.	rther certify that the ing member or mar	information ager of the	

SIGNATURE:
SIGNATURE and typed or printed name of signing transging member, manager, or authorized representative