## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Mar 01, 2007 8:00 am Secretary of State DOCUMENT # L06000083391 1. Entity Namo 03-01-2007 90192 012 \*\*\*\*50 00 THE BALANCE OF THE WORLD, LLC Principal Place of Business Mailing Address 4715 NW 3RD COURT 4715 NW 3RD COURT DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For LD-5525044 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARAUCO, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 4715 NW 3RD COURT DEERFIELD BEACH FL 33442 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES HILE шп **MGRM** ☐ Delete ■ Addition NAME ARAUCO, FRANCISCO NAME STREET ADDRESS STREET ADDRESS 4715 NW 3RD COURT CITY-ST-ZIP DEERFIELD BEACH FL 33442 CITY-ST 7/P THIF Delete MGRM TITLE ☐ Change Addition NAME ARAUCO, NAIDA NAME STREET ADDRESS STREET ADDRESS 4715 NW 3RD COURT CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 TITLE ☐ Delete mu ☐ Change Addition NAME NAME STREET ADDRESS STRELT ADDRESS CITY-ST-7IP CHY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete HUE □ Change Addition NAME STREET ADDRESS STREELADORESS CITY-SI-ZIP CITY-ST-ZIP HILE ☐ Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

KNAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

02-20-07

Daytime Phone #