


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90350 035 \*\*\*\*50.00

<b>DOCUMENT # L06000086406</b>	
1. Entity Name 6 & 8 ST. CLOUD, L.L.C.	

Principal Place of Business 12201 N.W. 5TH STREET PLANTATION, FL 33325	Mailing Address 12201 N.W. 5TH STREET PLANTATION, FL 33325
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent  WACHS, JEFFREY S 1177 S.E. 3RD AVENUE FT. LAUDERDALE, FL 33316	
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7. Name and Address of New Registered Agent Name <u>Linda L. Acord</u> Street Address (P.O. Box Number is Not Acceptable)  12201 N.W. 5th Street City <u>Plantation</u> <u>FL</u> Zip Code <u>33325</u>	
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 <u>x Linda L. Acord</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/30/07</u>	

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACORD, WILBUR R 12201 N.W. 5TH STREET PLANTATION, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACORD, LINDA L 12201 N.W. 5TH STREET PLANTATION, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>x Linda L. Acord</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Linda L. Acord <u>x 4/30/07</u> 954-472-1099 Date Daytime Phone #

40098216



04072007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-5496436 Applied For  
Not Applicable

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