

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90059 004 ****50.00

60044123



04062007 Chg-LLC CR2E083 (12/06)

4. FEI Number ☐ Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

SEIFER, DAVID
2200 MUSEUM TOWER, 150 WEST FLAGLER STREET
C/O STEARNS WEAVER MILLER WEISSLER
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name
Nguyen, Doquyen T.
Street Address (P.O. Box Number is Not Acceptable)
2100 West Cypress Creek Road
City **Fort Lauderdale,** FL Zip Code **33309**

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 *DoQuyen T. Nguyen* **DoQuyen T. Nguyen** 4/26/2007
Signature, type 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 May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **McClung, Jay C.**
CITY-ST-ZIP **2100 West Cypress Creek Road**
Fort Lauderdale, FL 33309

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **Snyder, Marcia**
CITY-ST-ZIP **2100 West Cypress Creek Road**
Fort Lauderdale, FL 33309

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **Toalson, Valerie C.**
CITY-ST-ZIP **2100 West Cypress Creek Road**
Fort Lauderdale, FL 33309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Valerie C. Toalson* **Valerie C. Toalson, Manager** 4/27/07 954-940-5000
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #