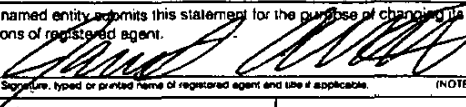
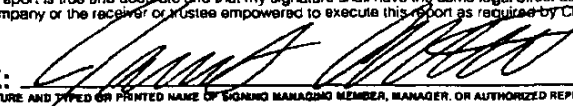


FILED
May 31, 2007 8:00 am
Secretary of State

05-01-2007 90334 002 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000089513			
1. Entity Name JAMES ANGELOTTI LLC			
Principal Place of Business 23157 OLD INLET BRIDGE DR BOCA RATON, FL 33433		Mailing Address 23157 OLD INLET BRIDGE DR BOCA RATON, FL 33433	
2. Principal Place of Business - No P.O. Box # 5591 N WINSTON PARK BLVD Suite, Apt. #, etc. UNIT 206 City & State Coconut Creek, FL Zip 33073 Country USA		3. Mailing Address 5591 N WINSTON PARK BLVD Suite, Apt. #, etc. UNIT 206 City & State Coconut Creek, FL Zip 33073 Country USA	
04202007 Chg-LLC CR2E083 (12/06)		4. FEI Number N/A	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable	
5. Name and Address of Current Registered Agent ANGELOTTI, JAMES 23157 OLD INLET BRIDGE DR BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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  DATE 4/30/07 Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when renewing)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR ANGELOTTI, JAMES 23157 OLD INLET BRIDGE DR BOCA RATON, FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP 5591 N Winston Park Blvd Unit 206 Coconut Creek, FL 33073	
☐ Delete		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ 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:  DATE 4/30/07 (954) 805-8243 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			