

**FILED**  
**Jun 21, 2007 8:00 am**  
**Secretary of State**


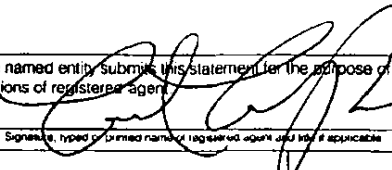
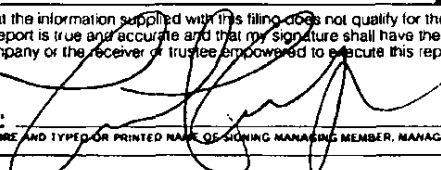
05-11-2007 90246 001 \*\*\*100.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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<b>DOCUMENT # L06000093131</b>			
1. Entity Name <b>AZTEC HOLDINGS LLC</b>			
Principal Place of Business <b>3804 ST. LUCIE BLVD. FORT PIERCE, FL 34946</b>		Mailing Address <b>3804 ST. LUCIE BLVD. FORT PIERCE, FL 34946</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03192007 Chg-LLC CR2E083 (12/06)		4. FEI Number <b>20-5728622</b>	
		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>MOBARAK, MARTIN 3804 ST. LUCIE BLVD. FORT PIERCE, FL 34946</b>		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: <b>FL</b> 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:  <b>Martin Mobarak</b> DATE: <b>03/26/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MOBARAK, MARTIN 3804 ST. LUCIE BLVD. FORT PIERCE, FL 34946</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE:</b> 		<b>4/26/07 072216-6460</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	