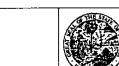
## **2007 LIMITED LIABILITY COMPANY**

SIGNATURE:

SIGNATURE AND THE OF SIGNATURE MANAGER, OR AUTHORIZED REPRESENTATIVE

## **ANNUAL REPORT**

DOCUMENT #1 06000094322



**FILED** Jul 23, 2007 8:00 am Secretary of State 07-23-2007 90077 013 \*\*\*\*50.00

| 1. Entity Nam<br>MINAL H   | 10   | LLC  |   |  |   |  |   |  |                               |
|--|--|--|---|--|---|--|---|--|-------------------------------|
| Principal Place of Business<br>906 EAST BRANDON BOULEVARD<br>BRANDON, FL 33511 |  |  | Mailing Address 906 EAST BRANDON BOULEVARD BRANDON, FL 33511                                    |  |   | 1 10011011   | ·· -  | II CONS INII NISHE III II                    | IN NYSSI ((1 1891             |
| 2. Principal P   | Place of Busin   | ness - No P.O. Box #   | 3. Mailing Address  |  |   |  |   |  |                               |
| Suite, Apt. #, etc.  |  |  | Suite, Apt. #, etc.   |  |   | 07162007   | Chg-LLC   | CR2E083 (12/                                 | 06)                           |
| City & State   |  |  | City & State  |  |   | 4. FEI Numb  | °11-379   | 1203   | Applied For<br>Not Applicable |
| Zìp  | Country  |  | Zip Country   |  | itry  |  | e of Status Desired   | Fee Rec                                      | Additional<br>uired           |
|  | 6. Name  | e and Address of Current R   | Registered Agent  | 7. Name and Address of New Registered Agent Name |   |  |   |  |                               |
| PATEL, CI<br>906 EAST<br>BRANDON   | BRANDO   | N BOULEVARD  | Street Address (  |  |   | P.O. Box Number is Not Acceptable)                   |   |  |                               |
|  |  |  |   |  | City  | <u></u>  |   | FL Zip                                       | Code                          |
|  | named entil  | ty submits this statement for<br>tered agent.  | the purpose of changing its   | register   | ed office or register   | ed agent, or bo                                      | oth, in the State of Flo  | !  | vith, and accept              |
| SIGNATURE  |  |  |   | T. D   |   |  |   | DATE   |                               |
|  | Signature, types   | d or printed name of registered agent ar   | nd little if applicable. (NOI   | E: Hegistere                                     | d Agent signature required  | when reinstating)                                    |   | DAIC   |                               |
| Fil<br>Due l   | ling Fee i<br>by Septe:  | s \$50.00<br>mber 14, 2007   |   |  |   |  |   | e check payable<br>a Department of S         |                               |
| 9.   |  | MANAGING MEMBER  | RS/MANAGERS   | 10.  |   |  | ADDITIONS   | /CHANGES                                     |                               |
| NAME STREET ADDRESS CITY-ST-ZIP  | 906 EAS  | CHAMPAK<br>T BRANDON BOULEVAR<br>DN, FL 33511  | ☐ Delete  |  |   |  |   | ☐ Chai                                       | nge 🗌 Addition                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  | ☐ Delete  |  | 1   |  |   | ☐ Cha  | nge 📑 Addition                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  | ☐ Delete  |  |   |  |   | ☐ Cha  | nge 🔲 Addition                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  | ☐ Delete  |  |   |  |   | ☐ Cha  | nge Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  | ☐ Delete  |  |   |  |   | Cha  | nge 🔲 Addition                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  | ☐ Delete  | CITY   | NE<br>EET ADDRESS<br>(~ST-ZIP                                       |  |   | ☐ Cha  |                               |
| 11. I hereby indicated limited lia   | certify that the control on this report to the control of the company of the comp | ne information supplied with<br>ort is true and acturate and t<br>any or the receiver or trustee | this filing does not qualify for<br>that my signature shall have<br>eithpowered to execute this | or the exe<br>the sam<br>report a                | emptions contained<br>le legal effect as if n<br>s required by Chap | in Chapter 119<br>nade under oat<br>ter 608, Florida | ), Florida Statutes. I f<br>th; that I am a mana<br>a Statutes. | urther certify that the<br>ging member or ma | information<br>nager of the   |