2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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

5/1

1. Entity Name	VIEN 1 # LUO			05-15-200	07 9015	1 010 ***	*50.00				
Principal Place of Business 5401 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308			Mailing Address 5401 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308			1	30077000				
2. Principal Pl	ace of Business - No P.	O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02212007	Chg-LLC	CR2E	083 (12/08)		
City & State			City & State			4. FEI Numb	83843	33	_ 	plied For t Applicable	
Zip	Country		Zip	Zip Coun			e of Status Desired		\$5.00 Add Fee Required	itional	
	6. Name and Addres	se of Current R				7. Name an	d Address of New F	Registered	Agent		
	L FRANKEL, P.A. HINGTON LANE			Name Street Address (P.O. Box Number is Not Acceptable)							
COOPER CITY, FL 33026					-		 -,				
					City FL Zip Code					-	
	named entity submits thi ions of registered agent.	<u>. · _ </u>	the purpose of changing its		ed office or regis		oth, in the State of Fi		tamiliar with,	and accept	
Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS				10.			Florid	ke check p a Departn	payable to sent of State	•	
9.	MGR	GING MEMBER				ADDITIONS	/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZEP	NAJJAR, GEORGE 5401 NORTH FEDE FORT LAUDERDAL								☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					_	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		* I *	☐ Delete	TITUE NAME STREET	:	-			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Delete						☐ Change	☐ Addition	
11. I hereby of indicated limited lia	certify that the information on this report is true and ibility company or the red	n supplied with d accurate and t deiver or trusteg	this filing does not qualify to that my signature shall have empowered to execute this	the exe	mptions contains e legal effect as Syequired by Ch	ed in Chapter 115 if made under oal apter 608, Florida	9, Florida Statutes, I t th; that I am a mana i Statutes.	urther certil ging memb	y that the info er or manage	rmation r of the	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNENG MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE