FILED Feb 07, 2007 8:00 am Secretary of State 02-07-2007 90112 031 ****50.00

2007 LIMITED LIABILITY COMPANY

SIGNATURE Signature system of agents and title it applicable (NOTE Registered Agent signature required when remostating) Pure by May 1, 2007 Filling Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MGRM	ANNUAL REPORT									
Principal Place of Business	1. Entity Name									
Principal Place of Basiness Maleing Address							60013	N N C		
Suite, Apr. 4, etc.	2631 BOGGY CREEK RD		408 BRITTEN DR		1 IOO HIDII DIA			33 D I (61 1 301		
City & State KISLIM-NEE , FL City & State City & Country City City City City City City City FL City City FL City FL City FL City FL City FL Zip Code City FL Zip	2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1411 FORTUNE RETAIL CT									
## Country 2D Country 5. Certificate of Sistus Desired \$5.00 Additional For Required Country Street Address of New Registered Agent 7. Name and Address of New Registered Agent	Suite, Apt. #, etc. Suite, Apt. #, etc.					01312007	Chg-LLC	CR2E083 (12/06)		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WANG, JIAN CHUN 408 BRITTEN DR KISSIMMEE, FL 34758 City FL Zio Code 6. "The above named antily submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Lam familiar with, and accept time or beginned agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE MARK Check payable to Florida Department of State Filling Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State Filling Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES SIREL ADDRESS SIREL ADDRESS SIREL ADDRESS CHY-SI-2P FILL MARK Change MARK Cha	KISSIA KISSIA	MEE,FL	City & State			-57248	87 AI			
NAME 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 agent, or both, in the State of Florida Lam familiar with, and accept the 6-bitgapons of registered agent, or both, in the State of Florida Lam familiar with, and accept the 6-bitgapons of registered agent, or both, in the State of Florida Lam familiar with, and accept the 6-bitgapons of registered agent, or both, in the State of Florida Lam familiar with, and accept the 6-bitgapons of registered agent, or both, in the State of Florida Lam familiar with, and accept the 6-bitgapons of registered agent, or both, in the State of Florida Lam familiar with, and accept the 6-bitgapons of registered agent, or both, in the State of Florida Lam familiar with, and accept the 6-bitgapons of registered agent, or both, in the State of Florida Lam familiar with, and accept the 6-bitgapons of registered agent, or both, in the State of Florida Lam familiar with, and accept the 6-bitgapons of registered agent, or both, in the State of Florida Lam familiar with, and accept the 6-bitgapons of registered agent, or both, in the State of Florida Lam familiar with, and accept the 6-bitgapons of registered agent, or both, in the State of Florida Lam familiar with, and accept the 6-bitgapons of registered agent, or both, in the State of Florida Lam familiar with, and accept the 6-bitgapons of registered agent, or both, in the State of Florida Lam familiar with, and accept the 6-bitgapons of registered agent, or both, in the State of Florida Lam familiar with, and accept the 6-bitgapons of registered agent, or both, in the 6-bitga	3474	4 Country	Zip	Country		5. Certificate of	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current F	Registered Agent		11	7. Name and	Address of New F	legistered Agent		
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	WANG III	ANI CLILINI		1	Name					
8- The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signature Signature where or registered agent and street agent agent and street agent street agent signature required when rendating)	408 BRITTEN DR			-	Street Address (P.O. Box Number is Not Acceptable)					
Titling Fee is \$50.00 The by May 1, 2007 Titling Fee is \$50.00 The by May 1, 2007 Titling Fee is \$50.00 The by May 1, 2007 Titling Fee is \$50.00 The by May 1, 2007 The by May 1,					City	FL Zip Code				
Filling Fee is \$50.00 Make check payable to Florida Department of State Filling Fee is \$50.00 Make check payable to Florida Department of State Make check payable to	g g									
Filling Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TILE MGRM WANG, JIAN CHUN A08 BRITTEN DR SIREI ADDRESS CITY-ST-2P TILE NAME SIREI ADDRESS CITY-ST-2P TILE	SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE.	Registered	Agent signature reque	red when reinstating)		DATÉ		
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES MGRM					······································					
MARE NAME NAME NAME NAME NAME NAME NAME NAM									e	
NAME SIREET ADDRESS CITY-ST-ZIP TITLE SIRET ADDRESS CITY-ST-ZIP TITLE SIRET ADDRESS CITY-ST-ZIP TITLE SIRET ADDRESS CI	9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	CHANGES .		
SIRET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE SIRET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE SIRET ADD	FITLE		☐ Delete	TITLE				☐ Change	Addition	
City-St-ZiP KISSIMMEE.FL 34758 City-St-ZiP ITILE										
NAME SIREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM										
STREET ADDRESS CITY-ST-ZIP TITLE TI			☐ Delete	TITLE				Change	Addition	
ITILE CHANGE NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP STR										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRES	CITY-ST-ZIP			спу-	ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE Delete			☐ Delete	1				Charige	Addition	
CITY-ST-ZIP CITY-					I					
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-S					I					
STREET ADDRESS CITY-ST-ZIP TITLE Delete Del			☐ Delete					☐ Change	☐ Addition	
CITY-ST-ZIP 11TLE Delete INLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11TT hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida StatutesI 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					I .					
NAME STREET ADDRESS CITY-ST-ZIP TITLE TAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TIT					I .				1	
STREET ADDRESS CITY-ST-ZIP TITLE TITLE TAME: 1.7: 51-ZIP Delete TITLE NAME: 1.7: 51-ZIP Little NAME: 1.7: 51-ZIP TITLE NAME: 1.7: 51-ZIP Little NAME: 1.7: 51-ZIP NAME: 1.7: 51-ZIP Little NAME: 1.7: 51-ZIP NAME: 1.7: 51-ZIP Little NAME: 1.7: 51-ZI	TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida StatutesI 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										
NAME STREET ADDRESS CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida StatutesI 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		•								
STREET ADDRESS CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida StatutesI 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	IIIE		Delete	TITLE				Change		
CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida StatutesI 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	NAME1 🚉 🖰 🚊	Programme State	, ,	NAME	į.	•		,	hard	
117. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida StatutesI 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		and the state of t								
" The following of the	11: I hereby o	on this report is true and accurate and t	hat my signature shall have th	the exem	nptions containe legal effect as if	made under oath:	that I am a manac			