

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102685

FILED  
Jun 12, 2007  
Secretary of State

Entity Name: 6060 SOUTH FALLS CIRCLE, LLC

**Current Principal Place of Business:**

6060 SOUTH FALLS CIRCLE  
UNIT 410  
LAUDERHILL, FL 33319 US

**New Principal Place of Business:**

**Current Mailing Address:**

6060 SOUTH FALLS CIRCLE  
UNIT 410  
LAUDERHILL, FL 33319 US

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

DUBOW, DUBOW & WALLACE  
215 NORTH FEDERAL HWY  
DANIA BEACH, FL 33004 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LANGELIER, JEA-GUY  
Address: 200 DES SOMMETS, #1905  
City-St-Zip: LLE-DES-SOEURS, QUEBEC, QC H3E 2B4 CA

Title: MGRM (X) Delete  
Name: NGUYEN, TRUNG H  
Address: 616, RUE ABERCORN  
City-St-Zip: VILLE MONT-ROYAL, QUEBEC, QC H3R 2B4 CA

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEAN-GUY LANGELIER

MGRM

06/12/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date