2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: NOrman S. Welnste SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Feb 28, 2007 8:00 am

2/21/07

561-278-9292 Daytime Phone #

Norman S. Weinstein

1. Entity Nam	ne	#L06000103					Secretary of State 02-28-2007 90148 023 ****50.00			
Principal Place of Business 75 NE 6TH AVENUE SUITE 103 DELRAY BEACH, FL 33483			Mailing Address 75 NE 6TH AVENUE SUITE 103 DELRAY BEACH, FL 33483			1 (0 6) 6 (1	IX BBIIB BIUI BBIIK BBIII BBIB	1 1870 18 70 1810 1810 1810 1811 1	161 1 (il 161)	
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02202007	Chg-LLC	CR2E083 (12/06)		
City & State			City & State			4. FEI Numl	per 760642	<u> </u>	pplied For ot Applicable	
Zip	Country		Zip Count		itry	5. Certificate of Status Desired				
	6. Name	and Address of Current R	legistered Agent	7. Name and Address of New Registered Agent Name						
WEINSTEIN, NORMAN S 75 NE 6TH AVENUE					Street Address (P.O. Box Number is Not Acceptable)					
SUITE 103 DELRAY BEACH, FL 33483										
					City			FL Zip Coo		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Filing Fee is \$50.00 Due by May 1, 2007						oc and occupant		check payable to Department of Sta	le	
9. TITLE	MGR	MANAGING MEMBER	RS/MANAGERS Delete	10. TITL			ADDITIONS/	CHANGES Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	STATESI 75 NE 6T	DE CAPITAL CORP. H AVENUE, SUITE 103 BEACH, FL 33483	NAM! Stre					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		i			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	☐ Addition	
11. I hereby certify that the information supplied with this filling 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.										