

FILED
Apr 30, 2007 8:00 am
Secretary of State

60044041

[illegible]04192007 Chq-LLC CR2E083 (12/06)

4. FEI Number	Applied For
	<input checked="" type="checkbox"/> Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

Principal Place of Business	Mailing Address
19495 BISCAYNE BLVD 501 AVENTURA, FL 33180	19495 BISCAYNE BLVD 501 AVENTURA, FL 33180

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
401 E. 1000th Blvd	401 E 1000th Blvd

Suite, Apt. #, etc. Suite 1180	Suite, Apt. #, etc. Suite 1180
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City & State Fort Lauderdale Fl.	City & State Fort Lauderdale Fl.
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Zip 33301	Country U.S.	Zip 33301	Country U.S.
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6. Name and Address of Current Registered Agent	
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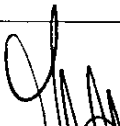
DIAZ, FRANK 3400 CORAL WAY 600 MIAMI, FL 33145	Name
	Street Address
	City

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 Frank Diaz
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State
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9.	MANAGING MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SABRA ENTERPRISES DEVELOPMENT CORPORATION 3300 NE 191 STREET, #809 AVENTURA, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAVID, HOURI 5635 OAKMONT AVE HOLLYWOOD, FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____

Dwayne P. Boone ■