


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 19, 2007 8:00 am  
Secretary of State

01-22-2007 90153 024 \*\*\*\*50.00

DOCUMENT # L06000108769	
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Principal Place of Business 4020 S.W. 2ND STREET PLANTATION, FL 33317	Mailing Address 4020 S.W. 2ND STREET PLANTATION, FL 33317
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01152007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5858385	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410	7. Name and Address of New Registered Agent Name CHARLENE C. HOVEY Street Address (P.O. Box Number is Not Acceptable) 4020 SW 2ST City Plant FL Zip Code 33317
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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 <u>Charlene C. Hovey</u> DATE <u>1/16/07</u>
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Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOVEY, CHARLENE C 4020 S.W. 2ND STREET PLANTATION, FL 33317 <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
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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: <u>Charlene C. Hovey</u> DATE <u>1/16/07</u>
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