2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

	AMENDED AND	NUAL REPOR	RT			FILE			
DOCUMENT # L06000110174									
1. Entity Name						7 NOV 20			
		1.6		T. LEST	72	SECRETARY VLLAHASSEE	OF STAT	Ę	
Principal Place		Mailing Address	_		"	APPLACE NACCES	E. FLORIE	)A	
6823 NW 218 Alachua, Fl		6823 NW 218TH STREE Alachua, Fl 32615	:T						
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2 Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
6823 NW 218th ST		6823 NW 21846 ST			BBIID WIIII WWII BBII	<b>             </b>	FRINI IIRII INNII UI		
Suite, Apt.		Suite, Apt. #, etc.			11152007	Chg-LLC	CR2E	E083 (12/06)	
City & State		City & State		•	4. FEI Numbe	er PPLICABLE		<del></del>	oplied For
Zin	NOC TL Country CLE US	Alashun Zip 20015	Country	·		of Status Desire	а 🗇	\$5.00 Ad	
4	6. Name and Address of Current F	Segistered Agent	<u> </u>	۲	!	Address of Nev		Fee Require	nd
	VI TUING BILL FIELD OF SHITE IN	10 <b>3</b> .00.01 × 30	Name	Mic			<b>_</b>	- · · · <b>q</b> - · · ·	
VILLAR, EDUARDO 14114 NW 142ND PLACE			Street		P.O. Box Numb	er is Not Accepta	able)		
ALACHUA, FL 32615			<u> </u>	<u>6823</u>	3 NW 2	19th 5t			
			City	2.1	<del></del> -			■ Zie Coo	
The above named entity submits this statement for the purpose of changing its region.				City Alachua FL			<u>- 132</u>	615	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office	or register	red agent, or bo	th, in the State of	l Florida. I ar	n familiar with	and acce
SIGNATURE .	my						11/1	3/07	
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	: Registered Agent sign	ature required	( when reinstating)	*	DATE		
Amended AR is \$50.00								· · ·	ti.
A							fake check		
	mended AK IS \$50.00							payable to ment of Stat	е
9.	MANAGING MEMBEI	RS/MANAGERS	10.	_		Flor		ment of Stat	e
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Secutes. 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: MILL