


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000111059	
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FILED

07 JAN 23 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01232007 Chg-LLC CR2E083 (12/06)

Principal Place of Business 756 S SIKES ST QUINCY, FL 32351	Mailing Address 756 S SIKES ST QUINCY, FL 32351
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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

4. FEI Number 208281927	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SALAZAR, JESSICA 756 S SIKES ST QUINCY, FL 32351	7. Name and Address of New Registered Agent Name Ron Benfield Street Address (P.O. Box Number is Not Acceptable) 58 Sioux Circle City Havana FL Zip Code 32333
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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 Ron Benfield Accountant 1/23/07
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	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALAZAR, DANIEL 756 S SIKES ST QUINCY, FL 32351 <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	Jose A. Cartagena - CRNEC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 756 S Sikes St Quincy, FL 32351 MGRM
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cristobel Pasedes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 756 S Sikes St Quincy, FL 32351 MGRM
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	500086826895 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/31/07--01045--013 **\$0.00
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: Don Salazar 1/23/07 251-8296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #