2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State 04-23-2007 90356 027 ****50.00

1. Entity Nam	MENT # L060	001188	21				04-23-2007	90356 ()27 ****50	Э.00
Principal Place of Business			Mailing Address		.1	1 400	74824			
10850 NW 21 STREET			18999 BISCAYNE BLVD			400	• -			
STE 220 MIAMI, FL 33172 US			STE 205 AVENTURA, FL 33180 US			•				
,										
2. Principal P	Place of Business - No P.O.	Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03232007	Chg-LLC	CR2E	CR2E083 (12/06)	
City & Stat	e		City & State			4. FEI Numbe	20-803	8875	Ar No	oplied For ot Applicable
Zip	Country		Zip	Coun	itry	5. Certificate of	of Status Desired		\$5.00 Add	
	6. Name and Address	of Current Re	gistered Agent			7. Name and	Address of New R	egistered	Agent	
LO KUNN	, ,				Name					
LO, KUN WAH 13903 NW 11 PLACE PEMBROKE PINES, FL 33028			Street A		Street Addres	s (P.O. Box Numbe	r is Not Acceptable	9)		
					City			FI	Zip Cod	e
8. The above the obligat	named entity submits this sions of registered agent.	statement for th	ne purpose of changing its	registere	ed office or regis	tered agent, or both	n, in the State of Flo	orida. ∃an	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of ri	egislered agent and	title if applicable (NOTE	Registere	d Agent signature requi	ired when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007							Make check payable to Florida Department of State			
										Đ
	ue by May 1, 2007	NG MEMBERS	6/MANAGERS	10.				Departr	nent of State	e
9.	ue by May 1, 2007 . MANAGI MGRM	NG MEMBERS	S/MANAGERS Delete	TITLE	ı		Florida	Departr	nent of State	e Addition
9. TITLE NAME	MANAGI MGRM LO, KUN WAH	NG MEMBERS		TITLE	E		Florida	Departr	nent of State	
9.	ue by May 1, 2007 . MANAGI MGRM			TITLE NAM STRE	ı		Florida	Departr	nent of State	
9. TITLE NAME STREET ADDRESS	MANAGI MGRM LO, KUN WAH 13903 NW 11 PLACE			TITLE NAM STRE	E ET ADDRESS -SI-ZIP		Florida	Departr	nent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGI MGRM LO, KUN WAH 13903 NW 11 PLACE		☐ Delete	TITLE NAM STRE CITY TITLE NAM	E ET ADDRESS -SI-ZIP E		Florida	Departr	S Change	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGI MGRM LO, KUN WAH 13903 NW 11 PLACE		☐ Delete	TITLE NAM STRE CHY THLE NAM STRE	E EET ADDRESS - ST-ZIP E E EET ADDRESS		Florida	Departr	S Change	☐ Addition
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це апо глаг my signature snall nave the same legal effect as if made under oath; that I am a managing member trustee empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the receiver

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