## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 29, 2007 8:00 am Secretary of State

Principal Place of Business 1716 NEBRASKA AVENUE 17	able
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   03222007   Chg-LLC   CR2E083 (12/06)	able
City & State  Country  Country  S. Certificate of Status Desired  \$5.00 Additional Fee Required  Fee Required  Fee Required  For Required  For Required  For Required  Street Address of New Registered Agent  City  FL  Zip Code  S. The above named entry Jubmits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent.  Signature  Filling Fee is \$50.00  Due by May 1, 2007  Make check payable to Florida Department of State  Filling Fee is \$50.00  Due by May 1, 2007  Make check payable to Florida Department of State  Signature Mark  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  ITIE  MARK  LUTVAK, LARRY  SIRET ADDRESS  1716 NEBRASKA AVENUE  SIRET ADDRESS  1716 NEBRASKA SIRET ADDRESS  1717 SIRET ADDRESS  1718 NEBRASKA SIRET ADDRESS  1718 NEB	able
Zip Country Zip Country 5. Certificate of Status Desired	able
6. Name and Address of Current Registered Agent  To Name and Address of New Registered Agent  Name    Name	ept
Name	ept
Street Address (P.C. Box Number is Not Acceptable)    City   FL   Zip Code	ept
City FL Zip Code  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 acc the obligations of registered agent.  SIGNATURE  Signature  Filling Fee is \$50.00  Due by May 1, 2007  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  IIILE MGRM  Delete ITILE  MMRM  LUTVAK, LARRY  SIRRET ADDRESS  CITY-ST-ZIP  PALM HARBOR, FL 34683  TITLE  MGRM  SOBEL, LOIS  SIRRET ADDRESS	ept
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 acc the obligations of registered agent.  SIGNATURE  Signature, typed or printegriting 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  9. MANAGING MEMBERS / MANAGERS  IITLE  MGRM  Delete  TITLE  NAME  LUTVAK, LARRY  SIREET ADDRESS  17-16 NEBRASKA AVENUE  CITY-ST-ZIP  PALM HARBOR, FL 34683  CITY-ST-ZIP  TITLE  MGRM  Delete  IITLE  NAME  SOBEL, LOIS  SIREET ADDRESS  1804 CHANTICLEER  SIREET ADDRESS  SIREET ADDRES	ept
the obligations of registered agent.  SIGNATURE Signature, typed or printed fulfill of registered agent and title if applicable.  Filling Fee is \$50.00  Due by May 1, 2007  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  IITLE MGRM Delete TITLE NAME  SIREET ADDRESS  CITY-ST-ZIP PALM HARBOR, FL 34683  TITLE MGRM Delete TITLE NAME  SOBEL, LOIS  SIREET ADDRESS  SIRE	ept
Filling Fee is \$50.00  Due by May 1, 2007  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  IIILE MGRM Delete TITLE NAME STREET ADDRESS  CITY-ST-ZIP PALM HARBOR, FL 34683  TITLE MGRM Delete STREET ADDRESS  CITY-ST-ZIP PALM HARBOR, FL 34683  TITLE MGRM Delete STREET ADDRESS  TITLE MGRM Delete STREET ADDRESS  TITLE MGRM Delete STREET ADDRESS  CITY-ST-ZIP SOBEL, LOIS  STREET ADDRESS  TITLE SOBEL, LOIS  STREET ADDRESS  THEET ADDRESS	
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  IIILE MGRM Delete LUTVAK, LARRY NAME LUTVAK, LARRY NAME STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34683 CITY-ST-ZIP  TITLE MGRM Delete NAME SOBEL, LOIS NAME STREET ADDRESS CITY ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS NAME STREET ADDRESS	
TITLE MGRM Delete TITLE NAME  STREET ADDRESS CTY-ST-ZIP PALM HARBOR, FL 34683  TITLE MGRM Delete STREET ADDRESS CTY-ST-ZIP  TITLE MGRM Delete STREET ADDRESS CTY-ST-ZIP  SOBEL, LOIS STREET ADDRESS	
NAME LUTVAK, LARRY  STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34683  CITY-ST-ZIP  TITLE MGRM NAME SOBEL, LOIS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP         PALM HARBOR, FL 34683         CITY-ST-ZIP           TITLE         MGRM         Delete         TITLE         Change         Add           NAME         SOBEL, LOIS         NAME         STREET ADDRESS         STREET ADDRESS	HSON
TIILE MGRM Delete TITLE Change Add  NAME SOBEL, LOIS NAME  STREET ADDRESS 1604 CHANTICLEER STREET ADDRESS	
STREET ADDRESS 1604 CHANTICLEER STREET ADDRESS	lition
	į
CITY-ST-ZIP CHERRY HILL, N.J. 08003 CITY-ST-ZIP	
TITLE MGRM Delete TITLE Change Add	ltion
STREET ADDRESS 1218 COURT STREET, STE A SIREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33756 CITY-ST-ZIP	
TITLE Delete TITLE Change Add	lition
NAME SIREET ADDRESS SIREET ADDRESS	
CITY-S1-ZIP CITY-S1-ZIP	
TITLE ☐ Delete ☐ TITLE ☐ Change ☐ Adi	iition
STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP	
TITLE         Delete         TITLE         Change         Ad	dition
NAME NAME STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	
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: 3-26-07 X 744-43  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Disjuring Phone 8	