


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1 **FILED**
May 15, 2008 8:00 am
Secretary of State

04-15-2008 90103 015 ***138.75

DOCUMENT # L07000015158

1. Entity Name
STATE ROAD 7 ENTERPRISES, LLC




Principal Place of Business Mailing Address
1791 BLOUNT ROAD, BLDG. 1777, STE. 506 **1791 BLOUNT ROAD, BLDG. 1777, STE. 506**
POMPANO BEACH, FL 33069 **POMPANO BEACH, FL 33069**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
311 N. State Road 7 **311 N. State Road 7**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **Margate, Florida** City & State **Margate, Florida**
 Zip **33063** Country Country

30006554



04102008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-8498348** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
KAPLAN, RICHARD J ESQ
1999 UNIVERSITY DRIVE, #402
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renouncing)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State


9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Member	John F. Aiello, Jr.	4859 NW 2nd Place	Coral Springs, FL 33071	<input checked="" type="checkbox"/>
Member	Elizabeth Aiello	4859 NW 2nd Place	Coral Springs, FL 33071	<input checked="" type="checkbox"/>
Member	Stanley Sarentino	8547 NW 27th Drive	Coral Springs, FL 33065	<input checked="" type="checkbox"/>
Member	Heera Sarentino	8547 NW 27th Drive	Coral Springs, FL 33065	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **04/10/08** **(954)970-0888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #