
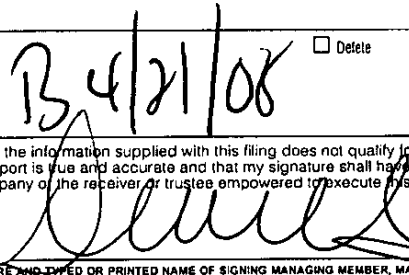


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 21 AM 8:40

<b>DOCUMENT # L07000027812</b>			
1. Entity Name <b>ANNAED, LLC</b>			
Principal Place of Business 3230 N.E. 56 COURT FT. LAUDERDALE, FL 33308		Mailing Address 3230 N.E. 56 COURT FT. LAUDERDALE, FL 33308	
2. Principal Place of Business - No P.O. Box # <b>2400 E. Commercial Blvd</b>		3. Mailing Address <b>2400 E. Commercial Blvd</b>	
Suite, Apt. #, etc. <b>Suite 1050</b>		Suite, Apt. #, etc. <b>Suite 1050</b>	
City & State <b>Fort Lauderdale, FL</b>		City & State <b>Fort Lauderdale, FL</b>	
Zip <b>33308</b>	Country <b>USA</b>	Zip <b>33308</b>	Country <b>USA</b>
4. FEI Number <b>20-8645938</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent <b>O'CONNOR, DANIEL P ESQ. C/O BRINKLEY MORGAN, ET AL 200 E. LAS OLAS BLVD. STE 1900 FT. LAUDERDALE, FL 33301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Diane Hennelly 3230 N.E. 56 Court Fort Lauderdale, FL 33308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Daniel W. Hennelly 3230 N.E. 56 Court Fort Lauderdale, FL 33308</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000125024150 04/21/08--01004--028 **746.25</b>
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	<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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  DIANE HENNELLY		Date: <b>4/21/08</b>	