2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 14, 2008 8:00 am Secretary of State

DOCUI 1. Entity Name WORD VI	e	# L07000032 3 c	319	*		04-14-2008 90226 001 ***143.75		
Principal Place of Business 2800 PROSPECT ROAD FT. LAUDERDALE, FL 33309			Mailing Address 2800 PROSPECT ROAD FT. LAUDERDALE, FL 33309			60022600		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01302008 Chg-LLC CR2E083 (12/06)		
City & State			City & State			4. FEI Number 20-8730969 Applied Fo		
Zip	Country		Zìp	Cour	ntry	5. Certificate of Status Desired \$5.00 Additional Fee Required		
	6. Name	and Address of Current R	legistered Agent		Name	7. Name and Address of New Registered Agent		
BRINSON, EDWARD G 2800 PROSPECT ROAD					Street Address (P.O. Box Number is Not Acceptable)			
FT. LAUDERDALE, FL 33309								
					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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE After May	NOW!!! 1, 2008	FEE IS \$138.75 Fee will be \$538.75				Make check payable to Florida Department of State		
9.		MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/CHANGES	<u> </u>	
TITLE	MGR	I EDWARD C	☐ Delete	TITL		☐ Change ☐ Add	dition	
NAME STREET ADDRESS CITY-ST-ZIP	2800 PRO	N, EDWARD G DSPECT ROAD DERDALE, FL 33309			EET ADDRESS Y-ST-ZIP			
TITLE			☐ Delete	TITL	.E	☐ Change ☐ Ado	dition	
NAME STREET ADDRESS				NAM STD	ME EET ADDRESS			
CITY-ST-ZIP				1	Y-ST-ZIP			
TITLE			☐ Delete	TITL	i	☐ Change ☐ Add	dition	
NAME STREET ADDRESS				NAM STR	EET ADDRESS			
CITY-ST-ZIP			•	CITY	Y-ST-ZIP			
TITLE			Delete	TITL		☐ Change ☐ Add	dition	
NAME Street address		•		NAN STR	AE EET ADDRESS			
CITY-ST-ZIP					Y-ST-ZIP			
TITLE			☐ Delete	TITL	l	☐ Change ☐ Ad	dition	
NAME STREET ADDRESS				NAN STR	ME LEET ADDRESS			
CITY-ST-ZIP					Y-ST-ZIP			
TITLE			☐ Delete	TITL	.E	Change Ade	dition	
NAME Street address				NAA etb	i	·		
CITY-ST-ZIP					IEET ADDRESS Y-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.								
E H O I I								
SIGNATURE: 3/26/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Date Date Date Date Date								