2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable



FILED

DATE

561-848-6166

Applied For

Not Applicable

	E NOW!!! FEE IS \$538.75 by September 12, 2008			Make check payable to Florida Department of State		
9.	MANAGING MEMBER	S/MANAGERS	10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUMBRA, THOMAS G JR. 6566 N. MILITARY TRAIL WEST PALM BEACH, FL 33407	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
 11. I hereby c 	certify that the information supplied with t	his filing does not qualify for the	ne exemptions contained in C	hapter 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.

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

4/28/2008-90052-046-\$138.75-\$138.75

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DOCUMENT # L07000044008 1. Entity Name 1742 E ROAD, LLC						ATTACHMENT 30007524				
Principal Place of Business Mailing Address 6566 N. MILITARY TRAIL 6566 N. MILITARY TRAIL WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 3					7				<i>J</i>	
Principal Place of Business - No P.O. Box # 3			3. Mailing Address		···]				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04232008	Chg-LLC	CR2E0	83 (12/06)	
City & State			City & State			4. FEI Numb	er			pplied For at Applicable
Ζiρ	Zip Country		Zip	Cour	itry	5. Certificate	of Status Desired		\$5.00 Add	
	6, Name	and Address of Current F	Registered Agent		I <u> </u>	7. Name and	Address of New I	Registered A	gent	
		Fr. 11. 2	··		Name	·		•		_ _ _
HANLON, M. TIMOTHY 340 ROYAL POINCIANA WAY, SUITE 321 PLAM BEACH, FL 33480				Street Address (Address (P.O. Box Number is Not Acceptable)					
				City			<u> </u>	FL	Zip Cod	
1 1 Thursday		to a specie stip stare	the average of all *-		<u> </u>	ad agent t	th in the Case of the		<u> </u>	
		ty submits this statement for stered agent.	The purpose of changing in	s register	ed onice or register	ed agant, or bo	in, in the State of Fi	onoa. Fam ta	ammar wun,	ало ассеры
SIGNATURE	1	•								j
SIGNATURE	Signature, lyper	or pursed name of registered agent a	nd tide if applicable. (NO	TE Regesere	d Agent signalure required	when remeating)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						Make check payable to Florids Department of State				
9.		MANAGING MEMBER	PS/MANAGERS	10.			ADDITIONS	/CHANGES		
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