


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-14-2008 90222 011 \*\*\*138.75

DOCUMENT # L07000106103	
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Principal Place of Business 2671 E. OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33306	Mailing Address 2671 E. OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33306
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address P.O. Box 24903 Suite, Apt. #, etc.
City & State	City & State Fort Lauderdale FL
Zip Country	Zip Country 33307 US



04102008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent RHATEGAN, GREGORY 2671 E. OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33306	7. Name and Address of New Registered Agent Name Christine Vitolo Street Address (P.O. Box Number is Not Acceptable) 1210 NE 8th Avenue City Ft. Lauderdale FL Zip Code 33304
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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 Christine Vitolo DATE 4-9-08

Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RHATEGAN, GREGORY 2671 E. OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33306 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Christine Vitolo P.O. Box 24903 Fort Lauderdale, FL 33307 <input type="checkbox"/> Change <input checked="" 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
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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: Christine Vitolo mgrm DATE 4-9-08 DAYTIME PHONE # 954-763-5488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE