

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90377 032 ****50.00

00033126



03262007 Chg-LLC CR2E083 (12/06)

4. FEI Number **65-0899304** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BADACH, FRANK J ESQ.
568 YAMATO ROAD, STE 200
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name **Jay Hasner**
Street Address (P.O. Box Number is Not Acceptable) **150 N. Swinton Ave**
Suite 200
City **Delray Beach** FL Zip Code **33444**

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

(NOTE: Registered Agent Signature Required when reinstating)

Jay Hasner **3-27-07**

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **HASNER, JAY**
STREET ADDRESS **150 N. SWINTON AVE., #100**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
CITY-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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Jay Hasner

3-27-07 561-272-1207

Date

Daytime Phone #