2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Mar 02, 2007 8:00 am DOCUMENT # L99000008651 **Secretary of State** 1. Entity Name 03-02-2007 90190 025 ****50.00 BANDAM ENTERPRISES LLC Principal Place of Business Mailing Address 3850 LAKEWORTH RD 18465 TAPADERO TERR **BOCA RATON FL 33496** STE 7 LAKE WORTH FL 33461 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) Suite 2 City & State 4. FEI Number Applied For 65-0970512 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BANUCHI, ROBERT Street Address (P.O. Box Number is Not Acceptable) 3977 JOG RD., STE. 2 LAKE WORTH FL 33467 City BOCA RATON 8. The above named entity submits is 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 a R BANGEHI SIGNATURE Signature, type (NOTE Registered Agent signature registed when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. JJJLF MGRM ☐ Delete Change ☐ Addition NAMI D'AMICO, JOHN A STREET ADDRESS STREET ADDRESS 3977 JOG RD. CITY ST-ZIP CHY ST ZIP LAKE WORTH FL 33467 IIII MGRM ☐ Delete Change Addition NAME BANUCHI, ROBERT J NAMI STREET ADDRESS STREET ADDRESS 3977 JOG RD. LAKE WORTH FL 33467 CHY ST ZIP CHY ST 7/P HILL Delete HIII ☐ Change Addition NAME NAMI STREET ADDRESS STREET LADDRESS CHY-SI-ZIP CHY S1 ZIP THILE ☐ Delete 11111 ☐ Change ■ Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY ST ZIP TILLE ☐ Delete illel ☐ Change Addition NAM STREET ADDRESS STREET ADDRESS CITY ST 7IP CITY ST ZIP HHI ☐ Delete 11111 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CHY ST ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am a managing member or manager of the limited liability company or the received or provided execute this report as required by Chapter 608, Florida Statutes.

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