


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90062 041 ****50.00

DOCUMENT # M04000002230	
1. Entity Name LISBON ENTERPRISES, L.L.C.	

Principal Place of Business 3900 SW 30TH AVE, STE 3 FORT LAUDERDALE, FL 33312	Mailing Address 3900 SW 30TH AVE, STE 3 FORT LAUDERDALE, FL 33312
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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95 S Federal Hwy, Ste 200 Boca Raton, FL 33432	95 S Federal Hwy, Ste 200 Boca Raton, FL 33432
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Zip	Country	Zip	Country
	USA		USA

6. Name and Address of Current Registered Agent

RICHARDSON, CHRISTOPHER 3900 SW 30 AVE STE 3 FORT LAUDERDALE, FL 33312
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02162007 Chg-LLC CR2E083 (12/06)

4. FEI Number 37-1386992	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent

Name Christopher Richardson
95 S Federal Hwy, Ste 200 Boca Raton, FL 33432
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.

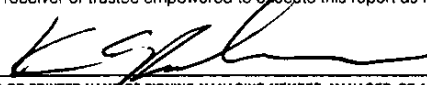
SIGNATURE  DATE 4/27/07

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDSON, KENNETH E 3900 SW 30TH AVE, STE 3 FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	95 S Federal Hwy, Ste 200 Boca Raton, FL 33432 <input checked="" type="checkbox"/> Change <input 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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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

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:  DATE 4/27/07 561-869-4300

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

Date Daytime Phone #