

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

04-30-2007 90055 002 ****50.00

60043945



03302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2418348

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GORDON, STACY L ESQ.
3000 WEST CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee Is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MORGAMAN, PHILIP
STREET ADDRESS	3000 WEST CYPRESS CREEK ROAD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	MGRM
NAME	STEPHENSON, MARC
STREET ADDRESS	3000 WEST CYPRESS CREEK ROAD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	MGRM
NAME	BECKER, DOUG
STREET ADDRESS	100 FLEET STREET
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	MGRM
NAME	TASLITZ, STEPHEN
STREET ADDRESS	1033 SKOKIE BLVD.
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	MGRM
NAME	ARRECHEA, JAVIER
STREET ADDRESS	TORRES PLATINO TA-HB, PASEO DE TAMARINDOS
CITY-ST-ZIP	MEXICO DF, 11700 MEXICO,
TITLE	MGRM
NAME	COHEN, NEAL
STREET ADDRESS	3275 ROBINSON BAY ROAD
CITY-ST-ZIP	DEEPHAVEN, MN 55391

**DO NOT WRITE
IN THIS SPACE**

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: Stacy L Gordon

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

3/30/07

Date

Daytime Phone # _____