2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

FILED
Jul 31, 2007 08:00 AM
Secretary of State

	ANNUA	Jul 31, 200 / 00.00			
1. Entity Nam	MENT # M0500000	4765		S	ecretary of St
Principal Place 3272 OAK KI PEPPER PIKI		Mailing Address 3272 OAK KNOLL DR. PEPPER PIKE, OH 44124			
D	O NOT WRITE	IN THIS SPA	CE	07202007 No Chg-LLC	CR2E083 (11/05)
				20-3148606 5. Certificate of Status Desired	Not Applicabl \$5.00 Additional Fee Required
	6. Name and Address of Current HUR MILCHEL WAY BEACH, FL 33484	registered Agent		DO NOT WI	
the obligat	named entity submits this statement fillins of registered agent. Signature typed or printed name of registered agent ling Fee is \$50.00 by September 14, 2007		red office or register		rida. I am familiar with, and accep
9.	MANAGING MEMB	ERS/MANACERS	<u> </u>		
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGRM COHEN, MARTIN J 3272 OAK KNOLL DR. PEPPER PIKE, OH 44124	a wy men engana			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TET ENTING OF WILL			U00000 07/31/07-	770903 80005-020 50.00
TITLE MAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	RITE

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.

IN THIS SPACE

SIGNATURE: Mostling ober	9/21/07	940 886 0123
signature and typed or printed name of signing managing member, or authorized representative	Date	Daytene Phone #