

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

2007 APR 13 AM 10:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



04022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-0268563

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

KOSOY, BRIAN D.
ONE NORTH CLEMATIS ST
STE 305
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

[Handwritten signature]

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOSOY, COLLEEN P.O. BOX CB10974 CONCHREST 8D NASSAU, BAHAMAS, BH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOSOY, DAVID P.O. BOX CB10974 CONCHREST 8D NASSAU, BAHAMAS, BH
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

David Kosoy as Attorney 04-11-07 561-835-1810
David Kosoy