

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001258

FILED
Apr 17, 2007
Secretary of State

Entity Name: TEKRAB HOLDINGS, L.L.C.

Current Principal Place of Business:

19 W. FLAGLER STREET
SUITE 1212
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

19 W. FLAGLER STREET
SUITE 1212
MIAMI, FL 33130

New Mailing Address:

FEI Number: 65-1112174 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKET, TIMOTHY K
19 W. FLAGLER STREET
SUITE 1212
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARKET, TIMOTHY K
Address: 19 WEST FLAGLER STREET, SUITE 1212
City-St-Zip: MIAMI, FL 33130

Title: MGR () Delete
Name: BARKET, MICHAEL G
Address: 19 WEST FLAGLER STEET, SUITE 1212
City-St-Zip: MIAMI, FL 33130

Title: MGR () Delete
Name: TOMBLEY, JILL M
Address: 19 WEST FLAGLER STREET, SUITE 1212
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL G BARKET

MBR

04/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date