2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State
05-08-2007 90113 043 ****50.00

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1. Entity Name
AMERICAN TELEMETRY, LLC

60049758

Principal Place of Business ~~6701 HANLEY ROAD~~ 500 N. WESTSHORE BLVD. #405 TAMPA, FL 33609
TAMPA, FL 33634

Mailing Address
P.O. BOX 24282
TAMPA, FL ~~33622~~ 33623

04102007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0089520
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

AYLWARD, ROBERT E
600 S. MAGNOLIA AVENUE, SUITE 100
TAMPA, FL 33606

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	BLANCO, RAFAEL
STREET ADDRESS	4301 N. HABANA, SUITE 1
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D
NAME	CANEDO, MARIO
STREET ADDRESS	~~14601 ANCHORET ROAD~~ 4201 Bayshore Blvd. #1101
CITY-ST-ZIP	~~TAMPA, FL 33624~~ TAMPA, FL 33611
TITLE	D
NAME	CISNEROS, FRANK
STREET ADDRESS	4918 LYFORD CAY ROAD
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	D
NAME	INGA, JORGE J
STREET ADDRESS	6701 HANLEY ROAD
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	D
NAME	LEON, GUILLERMO
STREET ADDRESS	18605 AVENUE CAPRI
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	D
NAME	MENEDEZ, LUIS
STREET ADDRESS	~~2613 N. DUNDEE STREET~~ 2513 N. Dundee St.
CITY-ST-ZIP	TAMPA, FL 33629

Add:

HERNAN LEON
4201 Bayshore Blvd # 1204
Tampa, FL 3364

JULIO LAUTERSZTAIN
4301 N. HABANA AVE. #1
TAMPA, FL 33607

MARCO BLANCO
CURTIS, MALLET PROOST, COLT & MOSLE LLP
101 Park Ave.
New York, N.Y. 10178

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: _____ 4/16/07 813-2889360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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