

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007589

Entity Name: PROPERTY TECH, LLC

FILED  
Jan 06, 2005  
Secretary of State

**Current Principal Place of Business:**

11 ISLAND AVENUE  
#1505  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

11 ISLAND AVENUE  
#1505  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

FEI Number: 20-0731038      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

SPERMAN, JOSE LUIS  
11 ISLAND AVE  
# 10505  
MIAMI BEACH, FL 33139 US

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: JOSE LUIS SPERMAN

01/06/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SPERMAN, JOSE LUIS  
Address: 11 ISLAND AVENUE #1505  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM ( ) Delete  
Name: SPERMAN, GUSTAVO  
Address: 11 ISLAND AVENUE #1505  
City-St-Zip: MIAMI BEACH, FL 33139 US

**ADDITIONS/CHANGES:**

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 Section 119.07(3)(i), 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: JOSE LUIS SPERMAN

MGRM

01/06/2005

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