

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Nov 08, 2007
Secretary of State**

DOCUMENT# L04000055317

Entity Name: LATHERON, L.L.C.

Current Principal Place of Business:

1835 N.E. MIAMI GARDENS DRIVE
SUITE 129
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

1835 N.E. MIAMI GARDENS DRIVE
SUITE 129
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 20-1510517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENDERSKY, HAYDEE
1835 N.E. MIAMI GARDENS DRIVE
SUITE 129
NORTH MIAMI BEACH, FL 33179 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: BENDERSKY, HAYDEE
Address: 1835 N.E. MIAMI GARDENS DRIVE, SUITE 129
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGRM (X) Delete
Name: LATHERON, S.A.,
Address: 1835 N.E. MIAMI GARDENS DRIVE, SUITE 129
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HOBERMAN, PABLO
Address: 1835 N.E. MIAMI GARDENS DRIVE, SUITE 129
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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

I hereby certify that the information supplied with this filing does not qualify 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: PABLO HOBERMAN

MGR

11/08/2007

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