


2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

| | |
|---|---|
| DOCUMENT # L04000082084 1. Entity Name MAPUCHE, LLC |  |
|---|---|


| | |
|--|--|
| Principal Place of Business 321 N. UNIVERSITY DRIVE PLANTATION, FL 33324 | Mailing Address 321 N. UNIVERSITY DRIVE PLANTATION, FL 33324 |
|--|--|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

FILED

06 SEP 19 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32301



| | | |
|--|--------------------------------------|---|
| 09072006 | Chg-LLC | CR2E083 (11/05) |
| 4. FEI Number 20-1880210 | <input type="checkbox"/> Applied For | <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |

6. Name and Address of Current Registered Agent

HUANG, HONG
21200 E 38TH AVE
#2703
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City **Tallahassee** FL Zip Code **32301**

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.

Corina L. Dunlap

SIGNATURE _____ DATE _____

(NOTE: Registered Agent signature required when reinstating)

| | | |
|------------------------------|--|--|
| Amended AR is \$50.00 | | Make check payable to Florida Department of State |
|------------------------------|--|--|

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME | Delete |
|---|-----------------------|-------------------------------------|
| MGR | HE, YEJUN | <input checked="" type="checkbox"/> |
| STREET ADDRESS 321 N. UNIVERSITY DRIVE PLANTATION, FL 33324 | | |
| MGR | DU, ZHENZENG | <input type="checkbox"/> |
| STREET ADDRESS 321 N. UNIVERSITY DRIVE PLANTATION, FL 33324 | | |
| MGR | CHI, ZHANJIANG | <input type="checkbox"/> |
| STREET ADDRESS 321 N. UNIVERSITY DRIVE PLANTATION, FL 33324 | | |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

10. ADDITIONS/CHANGES

| TITLE | NAME | Change | Addition |
|---|------------------|--------------------------|-------------------------------------|
| MGR | CHEN, WEI | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| STREET ADDRESS 321 N. UNIVERSITY DRIVE PLANTATION, FL 33324 | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

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 606, Florida Statutes.

SIGNATURE: _____ *9-15-06* **9546930890**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



CORPORATION SERVICE COMPANY

L U 4000082084

ACCOUNT NO. : 072100000032
REFERENCE : 462159 5014227
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 50.00

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06 SEP 19 PM 1:51
TALLAHASSEE, FLORIDA

ORDER DATE : September 19, 2006
ORDER TIME : 9:33 AM
ORDER NO. : 462159-005
CUSTOMER NO: 5014227

[Signature]

AMENDED ANNUAL REPORT

NAME: MAPUCHE, LLC

RECEIVED
06 SEP 19 AM 10:47
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER: _____