

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
May 02, 2007
Secretary of State**

DOCUMENT# L04000082084

Entity Name: MAPUCHE, LLC

Current Principal Place of Business:

321 N. UNIVERSITY DRIVE
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

321 N. UNIVERSITY DRIVE
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 20-1880210 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 323012525 US

Name and Address of New Registered Agent:

BECKER AND POLIAKOFF
3111 STIRLING ROAD
FORT LAUDERDALE, FL 33312 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: RYAN PINDER 05/02/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHEN, WEI
Address: 321 N. UNIVERSITY DRIVE
City-St-Zip: PLANTATION, FL 33324

Title: MGR () Delete
Name: DU, ZHENZENG
Address: 321 N. UNIVERSITY DRIVE
City-St-Zip: PLANTATION, FL 33324

Title: MGR () Delete
Name: CHI, ZHANJIANG
Address: 321 N. UNIVERSITY DRIVE
City-St-Zip: PLANTATION, FL 33324

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 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: WEI CHEN M 05/02/2007

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