

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Mar 06, 2006  
Secretary of State**

DOCUMENT# L05000085488

Entity Name: 10GATES INTERNATIONAL SERVICES LLC

**Current Principal Place of Business:**

780 NW 42 AVENUE  
SUITE 516  
MIAMI, FL 33126

**New Principal Place of Business:**

9100 SOUTH DADELAND BLVD  
SUITE 912  
MIAMI, FL 33156

**Current Mailing Address:**

780 NW 42 AVENUE  
SUITE 516  
MIAMI, FL 33126

**New Mailing Address:**

9100 SOUTH DADELAND BLVD  
SUITE 912  
MIAMI, FL 33156

FEI Number: 83-0437779

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PIEDRA, AURELIO A  
780 NW 42 AVENUE  
SUITE 516  
MIAMI, FL 33125 US

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

PIEDRA, AURELIO A  
9100 SOUTH DADELAND BLVD  
SUITE 912  
MIAMI, FL 33156 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: AURELIO A PIEDRA

03/06/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PFENNIGSCHMIDT, BERNHARD  
Address: 780 NW 42 AVENUE  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PFENNIGSCHMIDT, BERNHARD  
Address: 9100 S DADELAND BLVD  
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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: PFENNIGSCHMIDT, BERNHARD

MGRM

03/06/2006

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