

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058072

FILED
Aug 04, 2005
Secretary of State

Entity Name: AELOGIC LLC

Current Principal Place of Business:

21950 SOUTHVIEW TERRACE #106
BOCA RATON, FL 33433

New Principal Place of Business:

21950 SOUTHVIEW TERRACE
106
BOCA RATON, FL 33433

Current Mailing Address:

21950 SOUTHVIEW TERRACE #106
BOCA RATON, FL 33433

New Mailing Address:

21950 SOUTHVIEW TERRACE
106
BOCA RATON, FL 33433

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RODRIGUEZ, ILDEMARO
21950 SOUTHVIEW TERRACE #106
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

RODRIGUEZ, ILDEMARO I MR
21950 SOUTHVIEW TERRACE
106
BOCA RATON, FL 33433 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: ILDEMARO RODRIGUEZ

08/04/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RODRIGUEZ, ILDEMARO
Address: 21950 SOUTHVIEW TERRACE #106
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RODRIGUEZ, ILDEMARO I MR.
Address: 21950 SOUTHVIEW TERRACE #106
City-St-Zip: BOCA RATON, FL 33433

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: ILDEMARO RODRIGUEZ

MGRM

08/04/2005

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