

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123645

FILED  
Feb 06, 2006  
Secretary of State

**Entity Name:** 365 INTERNATIONAL BILLING MANAGEMENT, L.L.C.

**Current Principal Place of Business:**

350 JIM MORAN BLVD., SUITE 101  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

350 JIM MORAN BLVD., SUITE 101  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

**FEI Number:** 20-4024003

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAHAN, RICHARD J ESQ.  
C/O BECKER & POLIAKOFF, P.A.  
121 ALHAMBRA PLAZA, 10TH FLOOR  
CORAL GABLES, FL 33134 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: PETERSON, DAVID  
Address: 350 JIM MORAN BLVD., SUITE 101  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: MGR ( ) Delete  
Name: GARCIA, FELIPE  
Address: 350 JIM MORAN BLVD., SUITE 101  
City-St-Zip: DEERFIELD BEACH, FL 33442

**ADDITIONS/CHANGES:**

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 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:** KEN WILLIAMS

V

02/06/2006

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