

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001131

**FILED**  
**Jan 18, 2007**  
**Secretary of State**

**Entity Name:** PROPULSION TECHNOLOGY, LLC

**Current Principal Place of Business:**

8050 N.W. 31ST STREET  
MIAMI, FL 33122

**New Principal Place of Business:**

**Current Mailing Address:**

8050 N.W. 31ST STREET  
MIAMI, FL 33122

**New Mailing Address:**

**FEI Number:** 65-1127945      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

SILVERMAN, STEVEN  
9500 S. DADELAND BLVD. STE. 500  
MIAMI, FL 33156 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: MGRM ( ) Delete  
Name: ELKAYAM, RAPHAEL  
Address: 8050 NW 31ST ST.  
City-St-Zip: MIAMI, FL 33122

Title: MGRM ( ) Delete  
Name: FIOT, MICHEL  
Address: 8050 NW 31ST ST.  
City-St-Zip: MIAMI, FL 33122

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DOMEON, ALAIN CEO  
Address: 8050 NW 31ST ST.  
City-St-Zip: MIAMI, FL 33122

Title: MGRM (X) Change ( ) Addition  
Name: FIOT, MICHEL CFO  
Address: 8050 NW 31ST ST.  
City-St-Zip: MIAMI, FL 33122

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: MICHEL FIOT

CFO

01/18/2007

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