

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004909

Entity Name: ARANGOM L.C.

FILED  
Feb 27, 2007  
Secretary of State

## Current Principal Place of Business:

2121 PONCE DE LEON BLVD  
240  
MIAMI, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

2121 PONCE DE LEON BLVD  
240  
MIAMI, FL 33134

## New Mailing Address:

FEI Number: 65-1137155      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PRATS, GABRIEL  
2121 PONCE DE LEON BLVD STE 240  
MIAMI, FL 33134      US

## Name and Address of New Registered Agent:

PRATS FERNANDEZ & CO PA.  
2121 PONCE DE LEON BLVD STE 240  
MIAMI, FL 33134      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: GABRIEL PRATS

02/27/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ARANGO, CARLOS ALBERTO  
Address: 445 GRAND BAY DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MEM ( ) Delete  
Name: CALARA LIMITED,  
Address: P.O. BOX 3152  
City-St-Zip: ROAD TOWN, TORTOLA, BVI,

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: CALARA LIMITED,  
Address: P.O. BOX 3152  
City-St-Zip: ROAD TOWN, BV TORTOLA

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: CARLOS ALBERTO ARANGO

MGRM

02/27/2007

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