

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008737

FILED
May 09, 2007
Secretary of State

Entity Name: RAVIC TECHNOLOGIES, L.L.C.

Current Principal Place of Business:

19461 NW 10TH ST.
PEMBROKE PINES, FL 33029

New Principal Place of Business:

7939 NW 84TH STREET
SUITE 101
MIAMI, FL 33166

Current Mailing Address:

16180 S. POST RD.
SUITE 301
WESTON, FL 33331

New Mailing Address:

1800 S OCEAN DRIVE
SUITE 1006
HALLANDALE BEACH, FL 33009

FEI Number: 65-1026241 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

ALBERTO, RAVACHI PRESIDE
19461 NW 10TH ST.
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

ALBERTO, RAVACHI PRESIDE
1800 S OCEAN DRIVE
APT 1006
HALLANDALE BEACH, FL 33009 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: ALBERTO RAVACHI A

05/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VICTORIA, SANDRA
Address: 19461 NW 10TH ST.
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VICTORIA, SANDRA
Address: 1800 S OCEAN DRIVE APT 1006
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify 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: SANDRA VICTORIA

MGR

05/09/2007

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