

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012298

Entity Name: ONE-OF-ONE, LLC

FILED
Jun 30, 2006
Secretary of State

Current Principal Place of Business:

18624 SE 94TH AVE
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

18624 SE 94TH AVE
MIAMI, FL 33157

New Mailing Address:

FEI Number: 52-2271074 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:

ESTIME, GILBERT
17454 SW 79 COURT
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

DISCH-LAUXMANN, PETER
18624 SW 94TH AVE
MIAMI, FL 33157 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: PETER DISCH-LAUXMANN

06/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DISCH-LAUXMANN, PETER
Address: 18624 SE 94TH AVE
City-St-Zip: MIAMI, FL 33157

Title: MGR () Delete
Name: DISCH-LAUXMANN, ELIETTE
Address: 18624 SE 94TH AVE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DISCH-LAUXMANN, PETER
Address: 18624 SW 94TH AVE
City-St-Zip: MIAMI, FL 33157

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: PETER DISCH-LAUXMANN

MGR

06/30/2006

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