

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003379

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

**Entity Name:** COLDISEC, L.L.C.

**Current Principal Place of Business:**

4320 NW 107TH AVE., #203  
MIAMI, FL 33178

**New Principal Place of Business:**

4350 NW 107TH AVE., #302  
MIAMI, FL 33178

**Current Mailing Address:**

4320 NW 107TH AVE., #203  
MIAMI, FL 33178

**New Mailing Address:**

4350 NW 107TH AVE., #302  
MIAMI, FL 33178

FEI Number: 65-1071706

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JESUS LIZARRALDE DIAZ, ROBERTO DE  
7345 SW 27 STREET  
MIAMI, FL 33155 US

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

JESUS LIZARRALDE DIAZ, ROBERTO DE  
4350 NW 107TH AVE  
302  
MIAMI, FL 33178 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: ROBERTO LIZARRALDE

04/27/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LIZARRALDE, ROBERTO  
Address: 7345 SW 27 STREET  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LIZARRALDE, ROBERTO  
Address: 4350 NW 107TH AVE SUITE 302  
City-St-Zip: MIAMI, FL 33178

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: ROBERTO LIZARRALDE

P

04/27/2006

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