## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE AN

## **DOCUMENT # L01000017236** - FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name ENTÉLLEGENCE, LLC. 06 MAY 23 AM 8: 53 Principal Place of Business Mailing Address 13935 NW 1ST AVE 6682 NW 107TH CT DORAL, FL 33178 MIAMI, FL 33168 02212006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 52-2349637 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PEREZ, JIMMY DO NOT WRITE 6682 NW 107TH CT MIAMI, FL 33186 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 900075093019 05/23/06--01030--001 \*\*700.00 Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME PEREZ, JIMMY R STREET ADDRESS 6682 NW 107TH CT. MIAMI, FL 33186 CITY-ST-ZIP MGRM TITLE PEREZ, SANDRA NAME STREET ADDRESS 6682 NW 107TH CT. CITY-ST-ZIP MIAMI, FL 33186 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. ever SIGNATURE: ME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE