2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2007
Secretary of State

DOCUMENT# L02000000669

Entity Name: XSPAND, LLC

Current Principal Place of Business:

9312 ARBORWOOD CIRCLE
DAVIE, FL 33328

New Principal Place of Business:

1601 N. PALM AVE.
SUITE 110C
PEMBROKE PINES, FL 33326

Current Mailing Address:

9312 ARBORWOOD CIRCLE
DAVIE, FL 33328

New Mailing Address:

1601 N. PALM AVE.
SUITE 110C
PEMBROKE PINES, FL 33326

FEI Number: 26-0014139 **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:

MARCUS, JEFFREY I
8890 WEST OAKLAND PARK BLVD., #202
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GONZALEZ, WILLIAM
Address: 9312 ARBORWOOD CIRCLE
City-St-Zip: DAVIE, FL 33328

Title: MGRM ( ) Delete
Name: CARRANZA, EDMUNDO S
Address: 10125 SW 16TH ST #105
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES:

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

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

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: EDMUNDO S. CARRANZA MGRM 05/11/2007

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