

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000848

FILED  
May 01, 2006  
Secretary of State

Entity Name: DATA MEMORY, LLC

**Current Principal Place of Business:**

9300 NW 58 STREET  
SUITE 213-A  
MIAMI, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

9300 NW 58 STREET  
SUITE 213-A  
MIAMI, FL 33178

**New Mailing Address:**

FEI Number: 30-0015235      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:**

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

GOMEZ, ANDRES  
9300 NW 58 STREET  
SUITE 213-A  
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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DIAZ-SARMIENTO, GABRIEL  
Address: 1985 NW 88TH CT., STE. 201  
City-St-Zip: MIAMI, FL 33172

Title: MGRM ( ) Delete  
Name: PEREZ, NOHRA  
Address: CARRERA 13 #82-49  
City-St-Zip: SANTAFE DE BOGOTA, COLOMBIA,

**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 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: DIAZ-SARMIENTO GABRIEL

MGRM

05/01/2006

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