

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001825

Entity Name: DENG SOFTWARE, LLC

FILED  
Mar 26, 2007  
Secretary of State

**Current Principal Place of Business:**

2181 NW 139 TERRACE  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

2181 NW 139 TERRACE  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

FEI Number: 01-0672935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HILL, MARLON A ESQ  
200 S. BISCAYNE BLVD.  
SUITE 2680  
MIAMI, FL 33131 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: MGR ( ) Delete  
Name: THOMAS, YOLANDE  
Address: 2181 NW 139 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: MGR ( ) Delete  
Name: ELLIS, CHRISTOPHER M  
Address: 2181 NW 139 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: THOMAS, YOLANDE  
Address: 320 S. FLAMINGO RD. #315  
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: MGR (X) Change ( ) Addition  
Name: ELLIS, C  
Address: 320 S. FLAMINGO RD. #315  
City-St-Zip: PEMBROKE PINES, FL 33027 US

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: C. ELLIS

MGR

03/26/2007

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