

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006468

FILED
May 13, 2005
Secretary of State

Entity Name: EVOLUTION BUSINESS TECHNOLOGIES L.L.C.

Current Principal Place of Business:

1680 MICHIGAN AVENUE
700
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

1680 MICHIGAN AVENUE
700
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 02-0590943 **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:

GARCIA, JUAN R
CONCEPCION ROJAS & SANTOS, LLP
220 ALHAMBRA CIRCLE, STE. 350
CORAL GABLES, FL 33134 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/MEMBERS:

Title: MGR () Delete
Name: CAMI, JAVIER
Address: 1619 SW 13TH STREET
City-St-Zip: MIAMI, FL 33145

Title: MGR () Delete
Name: ROIZMAN, IGNACIO
Address: 1351 SW 22ND TERRACE
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: ROIZMAN, IGNACIO
Address: 235 NW 59TH STREET
City-St-Zip: MIAMI, FL 33145

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: IGNACIO ROIZMAN

MGR

05/13/2005

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