

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019698

Entity Name: SPECIAL P USA L.L.C.

FILED  
Jul 08, 2007  
Secretary of State

## Current Principal Place of Business:

4740 SW 46 TH LANE  
DAVIE, FL 33214

## New Principal Place of Business:

5230 SW 22 TERRACE  
FT LAUDERDALE, FL 33212

## Current Mailing Address:

4740 SW 46 TH LANE  
DAVIE, FL 33314

## New Mailing Address:

5230 SW 22 TERRACE  
FT LAUDERDALE, FL 33312

FEI Number: 52-2369172      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:

LAVOLE, RICHARD  
4740 SW 46 TH LANE  
DAVIE, FL 33314      US

## Name and Address of New Registered Agent:

LAVOLE, RICHARD  
5230 SW 22 TERRACE  
FT LAUDERDALE, FL 33312      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:

07/08/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: SPECIAL P USA LLC,  
Address: 4740 SW 46 TH LANE  
City-St-Zip: DAVIE, FL 33314

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: SPECIAL P USA LLC,  
Address: 5230 SW 22 TERRACE  
City-St-Zip: FT LAUDERDALE, FL 33312

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: RICHARD LAVOIE

MGR

07/08/2007

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