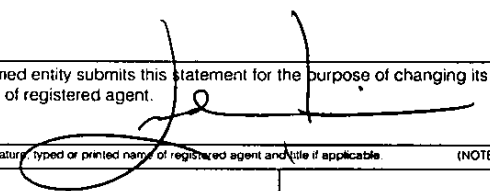


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90062 038 \*\*\*\*50.00

|  |  |                     |  |   |  |
|--|--|---------------------|--|---|--|
| <b>DOCUMENT # L02000023892</b><br>1. Entity Name<br><b>MAIPU REALTY, LLC</b>   |  |                     |  |  |  |
| Principal Place of Business<br><b>11920 MIRAMAR PARKWAY<br/>MIRAMAR, FL 33025</b>  |  |                     | Mailing Address<br><b>PO BOX 277855<br/>MIRAMAR, FL 33027</b>  |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc. |  |   |  |
| City & State   |  | City & State        |  |   |  |
| Zip  | Country  | Zip                 | Country  | 01132006    Chg-LLC    CR2E083 (11/05)  |  |
| 4. FEI Number<br><b>13-4218361</b>   |  |                     |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |                     |  | <b>\$5.00 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>NIEVES, ISANDER<br/>PO BOX 277855<br/>MIRAMAR, FL 33027</b>  |  |                     | 7. Name and Address of New Registered Agent<br>Name: <b>NIEVES, ISANDER</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>11920 MIRAMAR PARKWAY</b><br>City: <b>MIRAMAR</b> <b>FL</b> Zip Code: <b>33025</b> |   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |  |                     |  |   |  |
| SIGNATURE:  DATE: <b>1-13-06</b><br><small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |                     |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  |                     | <b>Make check payable to<br/>Florida Department of State</b>   |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |                     | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>AMERICAN BUSINESS &amp; TECHNOLOGY GROUP, INC.<br/>11920 MIRAMAR PARKWAY<br/>MIRAMAR, FL 33025</b> |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. |  |                     |  |   |  |
| <b>SIGNATURE:</b>   |  |                     | <b>1-13-06</b> <b>954-441-9343</b>   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |                     | <small>Date    Daytime Phone #</small>   |   |  |