2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

Secretary of State DOCUMENT #L03000034273 06-13-2006 90103 009 ****50.00 1. Entity Name IDENSIS, L.L.C. Principal Place of Business Mailing Address 10800 NW 21ST, STE #150 10800 NW 21ST, STE #150 MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05302006 CR2E083 (11/05) Cha-LLC City & State City & State 4. FEI Number Applied For 20-0254230 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LESLIE ALAN ROZENCWAIG, P.A. Street Address (P.O. Box Number is Not Acceptable) ONE S.F. THIRD AVENUE, STE. 960 MIAMI, FL 33131 Zip Code FL 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 red agen SIGNATURE: Filing Fee is \$50.00 Make check payable to Due by September 6, 2006 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition STERNBERG, DANIEL NAME NAME STREET ADDRESS 10800 NW 21ST, STE #150 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP TITLE **MGRM** ☐ Delete TITLE ☐ Change ☐ Addition STERNBERG, GABRIEL NAME STREET ADDRESS 10800 NW 21ST, STE #150 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP TITLE MGRM ☐ Detete Change noitibbA 🔲 LORET DE MOLA, FERNANDO NAME NAME STREET ADDRESS 10800 NW 21ST, STE #150 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP TITLE Delete TIT1 F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP 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 A d 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 ceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company

FILED Jun 13, 2006 8:00 am