

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035726

FILED  
May 22, 2007  
Secretary of State

**Entity Name:** THE ADVANZ COMPANIES, LLC

**Current Principal Place of Business:**

4100 N.E. 2ND AVENUE, SUITE 211  
MIAMI, FL 33137

**New Principal Place of Business:**

7301 SW 57 CT.  
SUITE 525  
MIAMI, FL 33143

**Current Mailing Address:**

4100 N.E. 2ND AVENUE, SUITE 211  
MIAMI, FL 33137

**New Mailing Address:**

7301 SW 57 CT.  
SUITE 525  
MIAMI, FL 33143

FEI Number: 16-1684137      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:**

BOLANOS, JOSE A  
2121 PONCE DE LEON BLVD., SUITE 600  
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/MANAGERS:**

Title: MGR      ( ) Delete  
Name: LAZOFF, RICARDO  
Address: 4100 N.E. 2ND AVENUE, SUITE 211  
City-St-Zip: MIAMI, FL 33137

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: LAZOFF, RICARDO  
Address: 7301 SW 57 CT. SUITE 525  
City-St-Zip: MIAMI, FL 33143

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: RICARDO LAZOFF

MGR

05/22/2007

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