

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037020

FILED
Jan 20, 2005
Secretary of State

Entity Name: TRANSLATION & INTERPRETING GROUP, LLC

Current Principal Place of Business:

1722 SAWGRASS CIR.
GREENACRES, FL 33413

New Principal Place of Business:

1580F WINDORAH WAY
WEST PALM BEACH, FL 33411

Current Mailing Address:

1722 SAWGRASS CIR.
GREENACRES, FL 33413

New Mailing Address:

P.O. BOX 212338
WEST PALM BEACH, FL 33421

FEI Number: 33-1071814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ESCUDERO, LILLIAN
1722 SAWGRASS CIR.
GREENACRES, FL 33413 US

Name and Address of New Registered Agent:

ESCUDERO, RAFAEL
1580F WINDORAH WAY
WEST PALM BEACH, FL 33411 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: RAFAEL A. ESCUDERO

01/20/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ESCUDERO, LILLIAN
Address: 1722 SAWGRASS CIR.
City-St-Zip: GREENACRES, FL 33413

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ESCUDERO, RAFAEL
Address: 1580F WINDORAH WAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGRM () Change (X) Addition
Name: VIZCARRONDO, SONIA
Address: 1580F WINDORAH WAY
City-St-Zip: WEST PALM BEACH, FL 33411

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: RAFAEL A. ESCUDERO

MGRM

01/20/2005

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