

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015352

Entity Name: THRESHOLDINGS, LLC

FILED  
Mar 15, 2007  
Secretary of State

**Current Principal Place of Business:**

120 NE 27 ST  
SUITE 500  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

120 NE 27 ST  
SUITE 500  
MIAMI, FL 33137

**New Mailing Address:**

FEI Number: 20-0784176

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEWIS, DEAN B  
801 N. VENETIAN DR. A608  
MIAMI, FL 33139 US

**Name and Address of New Registered Agent:**

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: MGRM ( ) Delete  
Name: THRESHOLDS INTERNATI, ONAL, INC.  
Address: 120 NE 27 ST SUITE 500  
City-St-Zip: MIAMI, FL 33137

Title: MGRM ( ) Delete  
Name: STRUCTURAL DESIGN GR, OUP LIMITED, I N C.  
Address: 12 SOUTH SUMMIT AVE SUITE 110  
City-St-Zip: GAITHERSBURG, MD 20877

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: STRUCTURAL DESIGN GR, OUP LIMITED, I N C.  
Address: 12 SOUTH SUMMIT AVE. SUITE 110  
City-St-Zip: GAITHERSBURG, MD 20877

I hereby certify that the information supplied with this filing does not qualify for the 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: DEAN B.LEWIS

MGRM

03/15/2007

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