

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035480

Entity Name: ACTIUM, LLC

FILED
Feb 08, 2007
Secretary of State

Current Principal Place of Business:

3550 BISCAYNE BOULEVARD
SUITE 604
MIAMI, FL 33137 US

Current Mailing Address:

3550 BISCAYNE BOULEVARD
SUITE 604
MIAMI, FL 33137 US

New Principal Place of Business:

3550 BISCAYNE BOULEVARD
SUITE 700
MIAMI, FL 33137 US

New Mailing Address:

3550 BISCAYNE BOULEVARD
SUITE 700
MIAMI, FL 33137 US

FEI Number: 20-1131691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOPER, GLENN M ESQ.
1560 SAWGRASS CORPORATE PARKWAY
4TH FLOOR
SUNRISE, FL 33323 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: GOETGHELUCK, ANTOINE
Address: 100 N. BISCAYNE BLVD., SUITE 801
City-St-Zip: MIAMI, FL 33132 US

Title: MGRM () Delete
Name: LUXIOR, LLC,
Address: 501 PIGEON PLUM LANE
City-St-Zip: MIAMI, FL 33137 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOETGHELUCK, ANTOINE
Address: 3550 BISCAYNE BLVD SUITE 700
City-St-Zip: MIAMI, FL 33137 US

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

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: ANTOINE GOETGHELUCK

MGR

02/08/2007

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