

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044399

FILED
Mar 22, 2007
Secretary of State

Entity Name: COMCON INTERNATIONAL LLC

Current Principal Place of Business:

7611 S ORANGE BLOSSOM TRL # 167
ORLANDO, FL 32809

New Principal Place of Business:

2255 SIESTA LN
KISSIMMEE, FL 34746 US

Current Mailing Address:

7611 S ORANGE BLOSSOM TRL # 167
ORLANDO, FL 32809

New Mailing Address:

7611 S. ORANGE BLOSSOM TRAIL 167
ORLANDO, FL 32809 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: RABIKOV, ALEKSANDR
Address: 7611 S ORANGE BLOSSOM TRL # 167
City-St-Zip: ORLANDO, FL 32809

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

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: RABIKOV, ALEKSANDR
Address: 7611 S. ORANGE BLOSSOM TRAIL 167
City-St-Zip: ORLANDO, FL 32809

Title: D () Change (X) Addition
Name: RABIKOV, ALEKSANDR
Address: 7611 S. ORANGE BLOSSOM TRAIL 167
City-St-Zip: ORLANDO, FL 32809

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: ALEKSANDR RABIKOV MGRM 03/22/2007

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