


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000055142</b> 1. Entity Name <b>BYRD WALSH INTERNATIONAL, LLC</b>	
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Principal Place of Business <b>340 SUNSET DRIVE, SUITE 1405 FORT LAUDERDALE FL 33301</b>	Mailing Address <b>340 SUNSET DRIVE, SUITE 1405 FORT LAUDERDALE FL 33301</b>
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2. Principal Place of Business - No P.O. Box # <b>340 SUNSET DR Suite, Apt. #, etc. 1405</b>	3. Mailing Address <b>340 SUNSET DR, Fort Lauderdale Suite, Apt. #, etc. 1405</b>
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1st MOORE CR2E083 (10/06)

City & State <b>FORT LAUDERDALE FL</b>	City & State <b>FORT LAUDERDALE FL</b>
Zip <b>33301</b>	Zip <b>33301</b>
Country <b>BROWARD</b>	Country <b>BROWARD</b>

4. FEI Number <b>51-0516829</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CANTWELL, JOHN W 340 SUNSET DRIVE, SUITE 1405 FORT LAUDERDALE FL 33301</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CANTWELL, JOHN W 340 SUNSET DRIVE, SUITE 1405 FORT LAUDERDALE FL 33301	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  U00000759738 05/24/07-80053-009 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CANTWELL, EVELYNA D 340 SUNSET DRIVE, SUITE 1405 FORT LAUDERDALE FL 33301	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: John W. Cantwell 4/28/07 954-467-3405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #