

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069045

Entity Name: LIVFRE LLC

FILED
May 02, 2006
Secretary of State

Current Principal Place of Business:

PO BOX 565531
MIAMI, FL 33256

New Principal Place of Business:

Current Mailing Address:

PO BOX 565531
MIAMI, FL 33256

New Mailing Address:

FEI Number: 20-1650182 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ANTHON, DEAN G
Address: PO BOX 565531
City-St-Zip: MIAMI, FL 33256

Title: MGR () Delete
Name: BENDECK, MAURICIO A
Address: PO BOX 565531
City-St-Zip: MIAMI, FL 33256

Title: MGR () Delete
Name: RUSH, ROBERT
Address: PO BOX 565531
City-St-Zip: MIAMI, FL 33256

ADDITIONS/CHANGES:

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

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

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: DEAN ANTHON

MGR

05/02/2006

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