

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000074348

**FILED**  
**Jul 14, 2007**  
**Secretary of State**

**Entity Name:** INTERNATIONAL PROPERTY AND MORTGAGE, LLC

**Current Principal Place of Business:**

15327 NW 60TH AVE.  
SUITE 220  
MIAMI LAKES, FL 33014 US

**New Principal Place of Business:**

**Current Mailing Address:**

15327 NW 60TH AVE.  
SUITE 220  
MIAMI LAKES, FL 33014 US

**New Mailing Address:**

**FEI Number:** 20-1778145      **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:**

PERDIGON, LIBARDO  
6995 NW 173 DR.  
SUITE 2101  
MIAMI, FL 33015 US

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

PERDIGON, LIBARDO  
17939 NW 74 PATH  
MIAMI, FL 33015 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: LIBARDO PERDIGON

07/14/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PERDIGON, LIBARDO  
Address: 6995 NW 173 DR. SUITE 2101  
City-St-Zip: MIAMI, FL 33015

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PERDIGON, LIBARDO  
Address: 17939 NW 74 PATH  
City-St-Zip: MIAMI, FL 33015

I hereby certify that the information supplied with this filing does not qualify 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: LIBARDO PERDIGON

MGR

07/14/2007

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