

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90036 018 \*\*\*\*55.00

<b>DOCUMENT # L04000077854</b>					
<b>1. Entity Name</b> CAMBISTRY SERVICES INTERNATIONAL LLC					
<b>Principal Place of Business</b> 19745 NE 24 CT MIAMI, FL 33180			<b>Mailing Address</b> 19745 NE 24 CT MIAMI, FL 33180		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 75-3172531	
<b>6. Name and Address of Current Registered Agent</b> COPROLITE CORPORATION ONE SOUTHEAST THIRD AVENUE, SUITE 2130 MIAMI, FL 33131				<b>7. Name and Address of New Registered Agent</b> Name: <u>RONALD G NEIWIRTH</u> Street Address (P.O. Box Number is Not Acceptable): <u>19745 NE 24 COURT</u> City: <u>MIAMI</u> FL <u>33180</u>	
<b>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.</b> SIGNATURE: <u>[Signature]</u> DATE: <u>1/6/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEIWIRTH, RONALD G 19745 NE 24 CT MIAMI, FL 33180	<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
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u>				Date: <u>1/06/06</u> Daytime Phone #: <u>305 7899200</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					