2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED **DOCUMENT # L04000092591** Jan 20, 2006 08:00 AN **Secretary of State** SOFTWARE REGULATORY SERVICES LLC Mailing Address Principal Place of Business P.O. BOX 940607 580 S.W. 124 AVENUE MIAMI, FL 33184 MIAMI, FL 33194-0607 01182006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-3905035 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CASTRO, ORLANDO F DO NOT WRITE 580 S.W. 124 AVENUE MIAMI, FL 33184 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when roinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. TITLE MGR NAME CASTRO, ORLANDO F STREET ADDRESS 580 S.W. 124 AVENUE CITY-ST-ZIP MIAMI, FL 33184 U00000393374 01/25/06-80018-025 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

ER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP