

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007267

FILED  
Apr 20, 2007  
Secretary of State

Entity Name: LUGAMATH, LLC

## Current Principal Place of Business:

3611 CONROY ROAD, UNIT 836  
ORLANDO, FL 32839 US

## New Principal Place of Business:

3611 CONROY ROAD  
UNIT 836  
ORLANDO, FL 32839 US

## Current Mailing Address:

3611 CONROY ROAD, UNIT 836  
ORLANDO, FL 32839 US

## New Mailing Address:

3611 CONROY ROAD  
UNIT 836  
ORLANDO, FL 32839 US

FEI Number: 20-2246600

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LARSON, CAROLINE  
5950 LAKEHURST DR  
STE 246  
ORLANDO, FL 32819 US

## Name and Address of New Registered Agent:

LARSON, CAROLINE  
8818 COMMODITY CIRCLE  
STE 40  
ORLANDO, FL 32819 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: CAROLINE LARSON

04/20/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: O.G RIBEIRO PARTICIP, ACOES SOCIETAR I AS LTDA  
Address: RUA 3 IRMAOS #62 CONJUNTO 107  
City-St-Zip: SAO PAULO-SP BRAZIL 05615190,

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: O.G RIBEIRO PARTICIP, ACOES SOCIETAR I AS LTDA  
Address: RUA 3 IRMAOS #62 CONJUNTO 107  
City-St-Zip: SAO PAULO, SP 05615190 BR

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: JOSE RIBEIRO NETO

MGR

04/20/2007

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