

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028787

Entity Name: BUY COMPUTER, LLC

FILED  
Apr 18, 2007  
Secretary of State

**Current Principal Place of Business:**

999 PONCE DE LEON BLVD., SUITE 715  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

255 ALHAMBRA CIRCLE  
500  
CORAL GABLES, FL 33134

**Current Mailing Address:**

999 PONCE DE LEON BLVD., SUITE 715  
CORAL GABLES, FL 33134

**New Mailing Address:**

255 ALHAMBRA CIRCLE  
500  
CORAL GABLES, FL 33134

FEI Number: 20-2532424

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARAGON REGISTERED AGENTS, INC  
999 PONCE DE LEON BLVD., SUITE 715  
CORAL GABLES, FL 33134 US

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

ARAGON REGISTERED AGENTS, INC  
255 ALHAMBRA CIRCLE  
500  
CORAL GABLES, FL 33134 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: MAYRA FERNANDEZ

04/18/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SAPS, LUIS  
Address: 999 PONCE DE LEON BLVD #715  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SAPS, LUIS  
Address: 255 ALHAMBRA CIRCLE SUITE 500  
City-St-Zip: CORAL GABLES, FL 33134

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: LUIS SAPS

MGR

04/18/2007

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