2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2007
Secretary of State

DOCUMENT# L05000029829

Entity Name: DEMOGRAPHIK, L.L.C.

Current Principal Place of Business:

8920 S.W. 18 TERRACE
MIAMI, FL 33165

New Principal Place of Business:

7825 S.W. 33 TERRACE
MIAMI, FL 33155

Current Mailing Address:

8920 S.W. 18 TERRACE
MIAMI, FL 33165

New Mailing Address:

7825 S.W. 33 TERRACE
MIAMI, FL 33155

FEI Number: 13-4297500 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BENEDIT, JUAN M
8920 S.W. 18 TERRACE
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

BENEDIT, JUAN M
7825 S.W. 33 TERRACE
MIAMI, FL 33155 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: 01/21/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BENEDIT, JUAN M
Address: 8920 S.W. 18 TERRACE
City-St-Zip: MIAMI, FL 33165

Title: MGRM ( ) Delete
Name: BENEDIT, CARILDA C
Address: 8920 S.W. 18 TERRACE
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BENEDIT, JUAN M
Address: 7825 S.W. 33 TERRACE
City-St-Zip: MIAMI, FL 33155

Title: MGRM (X) Change ( ) Addition
Name: BENEDIT, CARILDA C
Address: 7825 S.W. 33 TERRACE
City-St-Zip: MIAMI, FL 33155

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: JUAN M. BENEDIT MGRM 01/21/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date