

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031627

Entity Name: ULTIMA THULE LLC

FILED  
Jun 19, 2007  
Secretary of State

## Current Principal Place of Business:

15474 S.W. 114 STREET  
MIAMI, FL 33196

## New Principal Place of Business:

1997 NW 87 AVENUE  
MIAMI, FL 33172

## Current Mailing Address:

15474 S.W. 114 STREET  
MIAMI, FL 33196

## New Mailing Address:

1997 NW 87 AVENUE  
MIAMI, FL 33172

FEI Number: 20-2693263      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

PALMASON, GUDMUNOUR  
15474 S.W. 114 STREET  
MIAMI, FL 33196      US

## Name and Address of New Registered Agent:

GISLASON, SNORRI  
5942 HERMINTAGE DRIVE  
PENSACOLA, FL 32504      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: SNORRI GISLASON

06/19/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: PALMASON, GUDMUNOUR  
Address: 15474 S.W. 114 STREET  
City-St-Zip: MIAMI, FL 33196

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: PALMASON, GUDMUNDUR  
Address: 1997 NW 87 AVENUE  
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify 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: GUDMUNDUR PALMASON

MR.

06/19/2007

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