2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065646

Entity Name: SOUTH FLORIDA INTERPRETING, LLC

FILED Jan 20, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1865 BRICKELL AVENUE, SUITE A-1901 1865 BRICKELL AVENUE MIAMI, FL 33129

SUITE: A-1901 MIAMI, FL 33129

Current Mailing Address: New Mailing Address:

1865 BRICKELL AVENUE, SUITE A-1901 1865 BRICKELL AVENUE

MIAMI, FL 33129 SUITE: A-1901 MIAMI, FL 33129

FEI Number: 47-0958800 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

REYES, EDWARD REYES, AIDA 1865 BRICKELL AVENUE, SUITE A-1901

1865 BRICKELL AVENUE MIAMI, FL 33129 SUITE: A-1901 MIAMI, FL 33129 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: AIDA REYES 01/20/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: () Delete (X) Change () Addition

REYES, EDWARD Name: Name: REYES AIDA Address: 1865 BRICKELL AVENUE, SUITE A-1901 Address: 1865 BRICKELL AVENUE, SUITE A-1901

City-St-Zip: MIAMI, FL 33129 City-St-Zip: MIAMI, FL 33129

Title: MGRM Title: () Change () Addition () Delete

Name: REYES, AIDA Name: Address: 1865 BRICKELL AVENUE, SUITE A-1901 Address: City-St-Zip: MIAMI, FL 33129 City-St-Zip:

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: AIDA REYES 01/20/2007