

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90183 011 \*\*\*\*50.00

<b>DOCUMENT # L05000069324</b>			
1. Entity Name INTERNATIONAL PRAETORIAN CONSULTANTS LLC			
Principal Place of Business 17001 N.E. 9TH AVE., SUITE 14-C NORTH MIAMI, FL 33162		Mailing Address 17001 N.E. 9TH AVE., SUITE 14-C NORTH MIAMI, FL 33162	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>PO Box 346313</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>SURFSIDE FL</i>	
Zip	Country	Zip <i>33154</i>	Country <i>DADE</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HANSACK, BETTY B 17001 N.E. 9TH AVE., SUITE 14-C NORTH MIAMI, FL 33162		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HANSACH, BETTY B 17001 N.E. 9TH AVE., SUITE 14-C NORTH MIAMI, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VIDAL, VERUSCHKA 17001 N.E. 9TH AVE., SUITE 14-C NORTH MIAMI, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Betty Hansack</i>		Date: <i>04/07/07</i> Daytime Phone #: <i>305-244-4690</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	