2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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

DOCUMENT # L05000069324 1. Entity Name INTERNATIONAL PRAETORIAN CONSULTANTS LLC					04-12-2007	90183 011 ****50	0.00
Principal Place of Business 17001 N.E. 9TH AVE., SUITE 14-C NORTH MIAMI, FL 33162 Mailing Address 17001 N.E. 9TH AVE., SU NORTH MIAMI, FL 33162						14 N 1 116 1 NN 1	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address Po Bo X 396313		/.3			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04072007	Chg-LLC	CR2E083 (12/06)	
City & State		City & State SURFSIDE FL		4. FEI Numb			oplied For at Applicable
Zip	Country	Zip/	Country DADE	5. Certificate	of Status Desired	S5.00 Add Fee Require	
	6. Name and Address of Current R	legistered Agent	•	7. Name and	Address of New R	legistered Agent	
LIANGACI	DETTY D		Name				
HANSACK, BETTY B 17001 N.E. 9TH AVE., SUITE 14-C NORTH MIAMI, FL 33162			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Code	e
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or r	registered agent, or bo	th, in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable (NOTE R	egistered Agent signature	e required when reinstating)	. —	DATE	
	ling Fee is \$50.00 ue by May 1, 2007					e check payable to a Department of State	5
		RS/MANAGERS	10.			a Department of State	9
9. IIILE	MANAGING MEMBER	RS/MANAGERS	Title		Florida	a Department of State	Addition
9. IIILE NAME	MANAGING MEMBER MGR HANSACH, BETTY B	☐ Delete	TITLE		Florida	Department of State	
9. IIILE	MANAGING MEMBER MGR HANSACH, BETTY B 17001 N.E. 9TH AVE., SUITE 14-0	☐ Delete	TITLE NAME STREET ADDRESS		Florida	Department of State	
9. IIILE NAME STREET ADDRESS CITY ST ZIP	MANAGING MEMBER MGR HANSACH, BETTY B	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida	a Department of State /CHANGES Change	
9. IIILE NAME STREET ADDRESS	MANAGING MEMBER MGR HANSACH, BETTY B 17001 N.E. 9TH AVE., SUITE 14-0 NORTH MIAMI, FL 33162	☐ Delete	TITLE NAME STREET ADDRESS		Florida	Department of State	Addition
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11. I hereby certify that the information supplied with this filling 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: 15 M 10 THE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE