

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071908

Entity Name: 7FREQUENCIES LLC

FILED
Apr 22, 2006
Secretary of State

Current Principal Place of Business:

141 NE 3RD AVE
SUITE 603
MIAMI, FL 33132 US

Current Mailing Address:

141 NE 3RD AVE
SUITE 603
MIAMI, FL 33132 US

New Principal Place of Business:

1 SE 3RD AVE
SUITE 2120
MIAMI, FL 33131 US

New Mailing Address:

1 SE 3RD AVE
SUITE 2120
MIAMI, FL 33131 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIPSTEIN, JACQUELINE
141 NE 3RD AVE
SUITE 403
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

RIPSTEIN, JACQUELINE
1 SE 3RD AVE
SUITE 2120
MIAMI, FL 33131 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:

04/22/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RIPSTEIN, JACQUELINE
Address: 141 NE 3RD AVE SUITE 603
City-St-Zip: MIAMI, FL 33132 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RIPSTEIN, JACQUELINE
Address: 1 SE 3RD AVE SUITE 2120
City-St-Zip: MIAMI, FL 33131 US

Title: MGR () Change (X) Addition
Name: SCHEINKMAN, BERNARDO
Address: 1 SE 3RD AVE SUITE 2120
City-St-Zip: MIAMI, FL 33131

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: BERNARDO SCHEINKMAN

MGR

04/22/2006

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