2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2008
Secretary of State

DOCUMENT# L05000088025

Entity Name: BINNACLE TECHNOLOGIES, LLC

Current Principal Place of Business:

9050 PINES BLVD
SUITE 480
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

9050 PINES BLVD
SUITE 415-410
PEMBROKE PINES, FL 33024 US

Current Mailing Address:

9050 PINES BLVD
SUITE 480
PEMBROKE PINES, FL 33024 US

New Mailing Address:

9050 PINES BLVD
SUITE 415-410
PEMBROKE PINES, FL 33024 US

FEI Number: 20-4079361 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LAMBDA GROUP LLC,
Address: 1435NW 143 AVE
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: MGRM ( ) Delete
Name: MUSTAFFA, ABDUL
Address: CALLE 134, #13-83 OFICINA 817
City-St-Zip: BOGOTA CUNDINAMARCA NA, BG 0000 CO

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LAMBDA GROUP LLC,
Address: 9050 PINES BLVD, SUITE 415
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ERNESTO CASAS MGR 01/05/2008

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