2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# L05000103028

Entity Name: BUSINESS SENISSE LLC

Current Principal Place of Business:

3451 SALAD WAY
SUITE 906
JACKSONVILLE, FL 32246

New Principal Place of Business:

3451 SALAD WAY
SUITE 308
JACKSONVILLE, FL 32246

Current Mailing Address:

3451 SALAD WAY
SUITE 906
JACKSONVILLE, FL 32246

New Mailing Address:

3451 SALAD WAY
SUITE 308
JACKSONVILLE, FL 32246

FEI Number: 20-3658031 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SENISSE, LUIS
3451 SALAD WAY
SUITE 906
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

SENISSE, LUIS
3451 SALAD WAY
SUITE 308
JACKSONVILLE, FL 32246 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: 04/28/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CRESPO LOTTI, ELBA M
Address: 3151 SALAD WAY STE 906
City-St-Zip: JACKSONVILLE, FL 32246

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SENISSE, ELBA M
Address: 3451 SALAD WAY STE 308
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM ( ) Change (X) Addition
Name: SENISSE, LUIS A
Address: 3451 SALAND WAY STE 308
City-St-Zip: JACKSONVILLE, FL 32246

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: LUIS SENISSE MGRM 04/28/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date