



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

05-29-2007 90286 009 \*\*\*\*50.00

<b>DOCUMENT # L05000121778</b> 1. Entity Name <b>SYSTECH INTERNATIONAL, LLC</b>					
Principal Place of Business <b>1000 LINCOLN ROAD, SUITE 215 MIAMI BEACH, FL 33139</b>			Mailing Address <b>1000 LINCOLN ROAD, SUITE 215 MIAMI BEACH, FL 33139</b>		
2. Principal Place of Business - No P.O. Box # <b>100 S. Pointe Drive</b>		3. Mailing Address <b>100 S. Pointe Drive</b>		  05162007 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc. <b># 1005</b>		Suite, Apt. #, etc. <b># 1005</b>			
City & State <b>Miami Beach, FL</b>		City & State <b>Miami Beach, FL</b>			
Zip <b>33139</b>		Zip <b>33139</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>38-3470085</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TRIPATHI, POOJA 100 SOUTH POINTE DRIVE, UNIT 1005 MIAMI BEACH, FL 33139</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____					
<b>Filing Fee is \$50.00 Due by September 14, 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	<b>MGRM TRIPATHI, PRADEEP 100 SOUTH POINTE DRIVE, UNIT 1005 MIAMI BEACH, FL 33139</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GEILEN, LOTHAR 1834 NW 124TH WAY CORAL SPRINGS, FL 33071</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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>Praade T...</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>5-15-07</b> Daytime Phone # <b>305-951-9500</b>		