2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2007
Secretary of State

DOCUMENT# L06000010783

Entity Name: CRESCENDO, LLC

Current Principal Place of Business:

351 AGNES STREET
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

351 AGNES STREET
ORLANDO, FL 32801

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHARP, MARY B
351 AGNES STREET
ORLANDO, FL 32801 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: MGR ( ) Delete
Name: SHARP, MARY B
Address: 351 AGNES ST
City-St-Zip: ORLANDO, FL 32801

Title: MGR ( ) Delete
Name: ONOFREI, LIVIU
Address: 351 AGNES ST
City-St-Zip: ORLANDO, FL 32801

Title: MGR ( ) Delete
Name: GUGU, ELENA
Address: 351 AGNES ST
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change ( ) Addition
Name: GUGU, ADY
Address: 351 AGNES ST
City-St-Zip: ORLANDO, FL 32801

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: MARY BRAY SHARP MGR 07/15/2007

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