
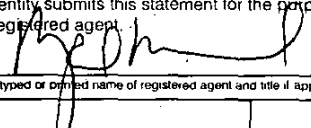


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90076 001 ****50.00

DOCUMENT # L06000012247 1. Entity Name BEYOND LANGUAGE, LLC					
Principal Place of Business 2900 GLADES CIRCLE, SUITE 850 WESTON, FL 33327			Mailing Address 2900 GLADES CIRCLE, SUITE 850 WESTON, FL 33327		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		02172007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-4243699				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TOVAR, ILEANA A ESQ ARIAS TOVAR & ASSOCIATES, P.A. 1725 MAIN STREET, SUITE 209 WESTON, FL 33326			7. Name and Address of New Registered Agent Name RAUL BRICENO Street Address (P.O. Box Number is Not Acceptable) 2900 GLADES CIRCLE, SUITE 850 City WESTON FL 33327		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE FEB 17, 2007 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRICENO, ELIZABETH 2900 GLADES CIRCLE, SUITE 850 WESTON, FL 33327	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GALVE, MARIA 2900 GLADES CIRCLE, SUITE 850 WESTON, FL 33327	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SARMIENTO, NOHORA 2900 GLADES CIRCLE, SUITE 850 WESTON, FL 33327	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SEGBRECHT, MARIELA 2900 GLADES CIRCLE, SUITE 850 WESTON, FL 33327	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRICENO, RAUL 2900 GLADES CIRCLE, SUITE 850 WESTON, FL 33327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CALDERA, ERNESTON 2900 GLADES CIRCLE, SUITE 850 WESTON, FL 33327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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 it 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  **FEB 17, 2007** **954-3490351**