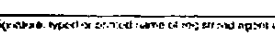
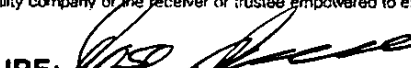


**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90119 003 \*\*\*138.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                     |                                                                                                                                         |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L06000041182</b><br>1. Entity Name<br><b>PECON, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                     |                                                        |                                                                   |
| Principal Place of Business<br><b>1107 COLUMBUS BOULEVARD<br/>CORAL GABLES FL 33134<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                     | Mailing Address<br><b>1107 COLUMBUS BOULEVARD<br/>CORAL GABLES FL 33134<br/>US</b>                                                      |                                                                   |
| 2. Principal Place of Business - No P.O. Box #<br><b>1141 W 28 STREET</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     | 3. Mailing Address                                                                                                                      |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                     | Suite, Apt. #, etc.                                                                                                                     |                                                                   |
| City & State<br><b>MIAMI</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     | City & State                                                                                                                            |                                                                   |
| Zip<br><b>33010</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country<br><b>DADE</b>                                                                                              | Zip                                                                                                                                     | Country                                                           |
| 5. Name and Address of Current Registered Agent<br><b>FERNANDEZ, JOSE<br/>1107 COLUMBUS BOULEVARD<br/>CORAL GABLES FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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<br> (NOTE: Registered Agent's signature is required when changing office)<br><b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008, Fee Will Be \$538.75</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                |                                                                                                                     |                                                                                                                                         |                                                                   |
| 9. MANAGING MEMBERS / MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                     | 10. ADDITIONS / CHANGES                                                                                                                 |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGR<br>FERNANDEZ, JOSE<br>1107 COLUMBUS BOULEVARD<br>CORAL GABLES FL 33134<br><input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGR<br>FERNANDEZ, CONCEPCION<br>1107 COLUMBUS BOULEVARD<br>CORAL GABLES FL 33134<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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 60B, Florida Statutes. |                                                                                                                     |                                                                                                                                         |                                                                   |
| SIGNATURE:  (PRESIDENT) <b>03-03-2008</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                    |                                                                                                                     |                                                                                                                                         |                                                                   |