

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042677

Entity Name: COFILOG LLC

FILED  
Apr 27, 2007  
Secretary of State

## Current Principal Place of Business:

208 N UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024

## New Principal Place of Business:

## Current Mailing Address:

208 N UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024

## New Mailing Address:

FEI Number: 20-4757561

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEGUIDE, LAURENT  
1850 SO. OCEAN DRIVE  
UNIT# 902  
HALLANDALE, FL 33009 US

## Name and Address of New Registered Agent:

LEGUIDE, LAURENT  
1850 S OCEAN DRIVE  
UNIT# 4404  
HALLANDALE, FL 33009 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: LAURENT LEGUIDE

04/27/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LEGUIDE, LAURENT  
Address: 1850 SO. OCEAN DRIVE UNIT# 902  
City-St-Zip: HALLANDALE, FL 33009

Title: MGRM ( ) Delete  
Name: COFFINET, CHRISTIAN P  
Address: 6 RUE DES COLONNES  
City-St-Zip: PARIS, FRANCE, FR 75002

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: LEGUIDE, LAURENT  
Address: 1850 S OCEAN DRIVE UNIT# 4404  
City-St-Zip: HALLANDALE, FL 33009

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

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: LAURENT LEGUIDE

MGRM

04/27/2007

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