2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# L06000044357

Entity Name: KEOPS LLC

Current Principal Place of Business:

2950 GLADES CIRCLE SUITE NO. 15
WESTON, FL 33327

New Principal Place of Business:

2700 GLADES CIRCLE, SUITE 140
WESTON, FL 33327

Current Mailing Address:

2950 GLADES CIRCLE SUITE NO. 15
WESTON, FL 33327

New Mailing Address:

2700 GLADES CIRCLE, SUITE 140
WESTON, FL 33327

FEI Number: 20-4824722 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FADEL, SALOMON
2950 GLADES CIRCLE SUITE NO. 15
WESTON, FL 33327 US

Name and Address of New Registered Agent:

FADEL, SALOMON
2700 GLADES CIRCLE, SUITE 140
WESTON, FL 33327 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: SALOMON FADEL 04/25/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FADEL, SALOMON
Address: 2950 GLADES CIRCLE SUITE NO. 15
City-St-Zip: WESTON, FL 33327

Title: MGR ( ) Delete
Name: FADEL, ELIAS
Address: 2950 GLADES CIRCLE SUITE NO. 15
City-St-Zip: WESTON, FL 33327

Title: MGR ( ) Delete
Name: FADEL, FUAD
Address: 2950 GLADES CIRCLE SUITE NO. 15
City-St-Zip: WESTON, FL 33327

Title: MGR ( ) Delete
Name: FADEL, RAUL
Address: 2950 GLADES CIRCLE SUITE NO. 15
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FADEL, SALOMON
Address: 2700 GLADES CIRCLE, SUITE 140
City-St-Zip: WESTON, FL 33327

Title: MGR (X) Change ( ) Addition
Name: FADEL, ELIAS
Address: 2700 GLADES CIRCLE, SUITE 140
City-St-Zip: WESTON, FL 33327

Title: MGR (X) Change ( ) Addition
Name: FADEL, FUAD
Address: 2700 GLADES CIRCLE, SUITE 140
City-St-Zip: WESTON, FL 33327

Title: MGR (X) Change ( ) Addition
Name: FADEL, RAUL
Address: 2700 GLADES CIRCLE, SUITE 140
City-St-Zip: WESTON, FL 33327

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: SALOMON FADEL MGR 04/25/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date