

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051310

FILED  
May 16, 2007  
Secretary of State

Entity Name: SPECIAL INVESTIGATIONS UNIT LLC

**Current Principal Place of Business:**

100 PARK PLACE BOULEVARD #200  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

10323 CALLE DE FLORES DR  
CLERMONT, FL 34711

**Current Mailing Address:**

100 PARK PLACE BOULEVARD #200  
KISSIMMEE, FL 34741

**New Mailing Address:**

10323 CALLE DE FLORES DR  
CLERMONT, FL 34711

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
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:**

**Name and Address of New Registered Agent:**

A1A REGISTERED AGENT INC.  
92 SADBERRY ROAD  
QUINCY, FL 32351 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: GOMEZ, MANUEL JR  
Address: 10323 CALLE DE FLORES DRIVE  
City-St-Zip: CLERMONT, FL 34711

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

Title: MGRM ( ) Delete  
Name: GOMEZ, MANUEL V  
Address: 15437 SW 35 TERRACE  
City-St-Zip: MIAMI, FL 33185

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: MANUEL GOMEZ JR

MGRM

05/16/2007

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