

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051783

Entity Name: FOOTPRINTS SYSTEMS, LLC

FILED
May 23, 2007
Secretary of State

Current Principal Place of Business:

2701 S. LEJEUNE ROAD, STE. 401
CORAL GABLES, FL 33134

New Principal Place of Business:

1111 BRICKELL AVE
SUITE 1100
MIAMI, FL 33131

Current Mailing Address:

2701 S. LEJEUNE ROAD, STE. 401
CORAL GABLES, FL 33134

New Mailing Address:

1111 BRICKELL AVE
SUITE 1100
MIAMI, FL 33131

FEI Number: 01-0866636 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

PUJOLS, JOSE R ESQ.
2701 S. LEJEUNE ROAD, STE. 401
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PUJOLS, JOSE R ESQ.
2701 S. LEJEUNE ROAD
STE 401
MIAMI, FL 33134 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: JOSE R PUJOLS

05/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CLAVERO, ANA M
Address: 2701 S. LEJEUNE ROAD, STE. 401
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CLAVERO, ANA M
Address: 3400 PAN AMERICAN DRIVE
City-St-Zip: MIAMI, FL 33133

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: ANA M CLAVERO

MGR

05/23/2007

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