

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061248

FILED
Apr 30, 2007
Secretary of State

Entity Name: TECHNOLOGY SOLUTIONS GROUP, LLC

Current Principal Place of Business:

3168 BIRD AVENUE
MIAMI, FL 33133 US

New Principal Place of Business:

9619 FONTAINEBLEAU BLVD.
219
MIAMI, FL 33172 US

Current Mailing Address:

3168 BIRD AVENUE
MIAMI, FL 33133

New Mailing Address:

9619 FONTAINEBLEAU BLVD.
219
MIAMI, FL 33172

FEI Number: 20-5051196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUIZ, JAMES C
3168 BIRD AVENUE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

RUIZ, JAMES C
9619 FONTAINEBLEAU BLVD.
219
MIAMI, FL 33172 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:

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RUIZ, JAMES C
Address: 3168 BIRD AVENUE
City-St-Zip: MIAMI, FL 33133

Title: MGRM () Delete
Name: ROMERO, NOEMI
Address: 3168 BIRD AVENUE
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RUIZ, JAMES C
Address: 9619 FONTAINEBLEAU BLVD. APT. 219
City-St-Zip: MIAMI, FL 33172

Title: MGR (X) Change () Addition
Name: ROMERO, NOEMI
Address: 9619 FONTAINEBLEAU BLVD. APT. 219
City-St-Zip: MIAMI, FL 33172

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: JAMES C. RUIZ

MGRM

04/30/2007

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