2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2007
Secretary of State

DOCUMENT# L06000062416

Entity Name: AUTHORITY SOFTWARE, LLC

Current Principal Place of Business:

10125 W. OAKLAND PARK BLVD. #424
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

10125 W. OAKLAND PARK BLVD. #424
SUNRISE, FL 33351

New Mailing Address:

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

Name and Address of Current Registered Agent:

SIERRA, RICHARD ESQ.
RICHARD SIERRA & ASSOCIATES, PA
3111 N. UNIVERSITY DR. #718
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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:

Title: MGRM ( ) Delete
Name: MANDIC, LOUIS
Address: 10125 W. OAKLAND PARK BLVD. #424
City-St-Zip: SUNRISE, FL 33351

Title: MGRM ( ) Delete
Name: PEREZ, NATALIE
Address: 10125 W. OAKLAND PARK BLVD. #424
City-St-Zip: SUNRISE, FL 33351

Title: MGRM (X) Delete
Name: ACOSTA, GABRIEL
Address: 2209 N. COMMERCE PARKWAY
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NATALIE PEREZ MRS. 02/20/2007

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