

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067472

FILED
Apr 20, 2007
Secretary of State

Entity Name: SENSALIANZA, LLC

Current Principal Place of Business:

1111 BRICKELL BAY DRIVE #1808
MIAMI, FL 33131

New Principal Place of Business:

1111 BRICKELL BAY DRIVE
1808
MIAMI, FL 33131

Current Mailing Address:

1111 BRICKELL BAY DRIVE #1808
MIAMI, FL 33131

New Mailing Address:

1111 BRICKELL BAY DRIVE
1808
MIAMI, FL 33131

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASHBY, TIMOTHY
1111 BRICKELL BAY DRIVE #1808
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

ASHBY, TIMOTHY
1111 BRICKELL BAY DRIVE
1808
MIAMI, FL 33131 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: TIMOTHY ASHBY

04/20/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ASHBY, TIMOTHY
Address: 1111 BRICKELL BAY DRIVE #1808
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: JOBLONSKI, SCOTT R
Address: 1200 WEST AVE #306
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: JABLONSKI, SCOTT R
Address: 1200 WEST AVE #306
City-St-Zip: MIAMI BEACH, FL 33139

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: TIMOTHY ASHBY

MGRM

04/20/2007

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