

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112035

FILED
Feb 13, 2007
Secretary of State

Entity Name: RADICAL NORTH AMERICA LLC

Current Principal Place of Business:

226-5 SOLANA ROAD
P.M.B. #178
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

226-5 SOLANA ROAD
P.M.B. #178
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 20-5689868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUANG, LAWRENCE P
1039 PONTE VEDRA BLVD
PONTE VEDRA BEACH, FL 32082 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: MGR () Delete
Name: HUANG, LAWRENCE P
Address: 1039 PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM () Delete
Name: HALL, CHRISTOPHER J
Address: 745 BARROWS DAIRY RD
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM () Delete
Name: STINSON, T. EDWIN JR
Address: 12964 HUNTLEY MANOR DR.
City-St-Zip: JACKSONVILLE, FL 32224

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: LAWRENCE P HUANG

MGR

02/13/2007

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