
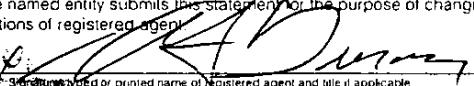



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

2008

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90021 035 ***138.75

DOCUMENT # L07000010942 1. Entity Name ELECTRONIC UNIVERSE, L.L.C.					
Principal Place of Business 8440 SW 8th St., Apt. 501-A Miami, Florida 33144			Mailing Address MAIL		
Principal Place of Business 8440 SW 8th St. Suite, Apt. #, etc. Apt. 501-A			3. Mailing Address Same		
City & State Miami, Florida			City & State Same		
Zip 33144		Country USA		Zip Same	
Country USA		Country Same		4. FEI Number 20-8615429	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DURAN, ALFREDO G 2601 SO. BAYSHORE DRIVE, SUITE 1400 MIAMI, FL 33133			7. Name and Address of New Registered Agent Name ALFREDO G. DURAN Street Address (P.O. Box Number is Not Acceptable) 2340 So. Dixie Highway City Miami		
State FL			Zip Code 33144		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: 					
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME Operating Mgr. STREET ADDRESS RAFAEL A. LACAVALERIE CITY-ST-ZIP 8440 SW 8th St., Apt. 501-A Miami, Florida 33144			TITLE Operating Mgr. NAME RAFAEL A. LACAVALERIE STREET ADDRESS 8440 SW 8th St., Apt. 501-A CITY-ST-ZIP Miami, Florida 33144		
CITY-ST-ZIP 33144			CITY-ST-ZIP 33144		
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CITY-ST-ZIP 33144			CITY-ST-ZIP 33144		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.					
RAFAEL A. LACAVALERIE					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date 1/7/08					
Daytime Phone #					