## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Apr 29, 2008 8:00 am Secretary of State **DOCUMENT # L07000093814** 04-29-2008 90021 013 \*\*\*138.75 BILDECK LLC Principal Place of Business Mailing Address CALLE AQUILINO DE LA GUARDIA NO. 8 701 BRICKELL AVENUE, SUITE 3000 60031214 IGRA BUILDING. 2ND FLOOR MIAMI, FL 33131 PANAMA, REPUBLIC OF PANAMA, 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATE CREATIONS NETWORK INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPÉRITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 Zip Code 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 Signature, typed or printed name of registered agent and title it applicable. DATE FILE NOW!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition LANGTREE INVESTMENT CORP. NAME NAME STREET ADDRESS CALLE AQUILINO DE LA GUARDIA NO. 8 STREET ADDRESS CITY-ST-ZIP PANAMA, REPUBLIC OF PANAMA, CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Muschett on behalf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

of Langtree Investment Corp.

April 25, 2008

Daytime Phone #

Date

**FILED**