

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004595

FILED  
Mar 10, 2006  
Secretary of State

Entity Name: DATA DEVICE, L.C.

## Current Principal Place of Business:

8181 NW 36TH ST#100  
MIAMI, FL 33166

## New Principal Place of Business:

## Current Mailing Address:

8181 NW 36TH ST#100  
MIAMI, FL 33166

## New Mailing Address:

FEI Number: 65-0943554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ROBLEDO, ANTHONY  
8180 N.W. 36TH ST.  
STE 100  
HIALEAH, FL 33166 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: SICILIANO, RAFAEL J  
Address: 8180 NW 36TH ST #100  
City-St-Zip: MIAMI, FL

Title: MGRM ( ) Delete  
Name: GRACIELA CORBO, MARIA A  
Address: 8180 NW 36TH ST #100  
City-St-Zip: MIAMI, FL

Title: MGRM ( ) Delete  
Name: GUSTAVO SICILIANO, GABRIEL  
Address: 8180 NW 36TH ST#100  
City-St-Zip: MIAMI, FL

## 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: RAFAEL SICILIANO

MGRM

03/10/2006

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