


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90038 025 ****50.00

DOCUMENT # L99000008353	
1. Entity Name TECHNOFORD, LLC	

Principal Place of Business 11900 BISCAYNE BLVD., SUITE 801 MIAMI, FL 33181	Mailing Address 11900 BISCAYNE BLVD., SUITE 801 MIAMI, FL 33181
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20042976



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01202006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0985980	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AMBROSIO, MICHAEL 11900 BISCAYNE BLVD #801 MIAMI, FL 33181		Name <u>Karen Llera</u> Street Address (P.O. Box Number is Not Acceptable) <u>11900 Biscayne Blvd, #801</u> City <u>N. Miami</u> FL Zip Code <u>33181</u>	

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 <u>Karen Llera</u>	DATE <u>1-20-2006</u>
Signature, typed or printed name of registered agent and title if applicable. (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CYTRYNBAUM, MARIO <input type="checkbox"/> Delete 11900 BISCAYNE BLVD., SUITE 802 MIAMI, FL 33181	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BURMAN, JAN <input checked="" type="checkbox"/> Delete 2545 HEMPSTEAD TURNPIKE #401 EAST MEADOWS, NY 11554	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Simkins Family Ltd Partnership 11900 Biscayne Blvd, #801 N. Miami, FL 33181
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIMKINS, LEON <input checked="" type="checkbox"/> Delete 11900 BISCAYNE BLVD., SUITE 801 MIAMI, FL 33181	TITLE NAME STREET ADDRESS CITY - ST - ZIP	manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Leon Simkins 11900 Biscayne Blvd, #801 N. Miami, FL 33181
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AMBROSIO, MICHAEL <input checked="" type="checkbox"/> Delete 11900 BISCAYNE BLVD., SUITE 801 MIAMI, FL 33181	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Karen Llera 11900 Biscayne Blvd #801 N. Miami, FL 33181
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: <u>Karen Llera</u>	Date <u>1-20-06</u>	Daytime Phone # <u>305-899-8884</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		