

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000232

Entity Name: UTILISIMA LLC

FILED  
Aug 13, 2007  
Secretary of State

## Current Principal Place of Business:

300 SEVILLA AVE  
#201  
CORAL GABLES, FL 33134

## New Principal Place of Business:

5805 BLUE LAGOON DR  
#200  
MIAMI, FL 33126

## Current Mailing Address:

300 SEVILLA AVE  
#201  
CORAL GABLES, FL 33134

## New Mailing Address:

5805 BLUE LAGOON DR  
#200  
MIAMI, FL 33126

FEI Number: 33-1032076      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

AG CORPORATE SERVICES, LLC  
300 SEVILLA AVE  
#201  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

AG CORPORATE SERVICES, LLC  
5805 BLUE LAGOON DR  
#200  
MIAMI, FL 33126 US

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: DOMINGO ALONSO

08/13/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SANDLER, HECTOR E  
Address: 300 SEVILLA AVE #201  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SANDLER, HECTOR E  
Address: 5805 BLUE LAGOON DR STE 200  
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify 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: HECTOR E. SANDLER

MGR

08/13/2007

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