

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006011

FILED
Apr 14, 2008
Secretary of State

Entity Name: ALSIS INTERNATIONAL HOLDINGS, LLC

Current Principal Place of Business:

1680 MICHIGAN AVENUE, SUITE 1000
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1680 MICHIGAN AVENUE, SUITE 1000
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 26-1107448 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR () Delete
Name: GONZALEZ-SANFELIU, XAVIER
Address: 1680 MICHIGAN AVENUE, SUITE 1000
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: MONTIEL, ALFONSO E
Address: 1680 MICHIGAN AVENUE, SUITE 1000
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: SANCHEZ-TEMBLEQUE CA, YAZZO, DAVID
Address: 1680 MICHIGAN AVENUE, SUITE 1000
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: XAVIER GONZALEZ

MR

04/14/2008

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