

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Jul 05, 2005
Secretary of State**

DOCUMENT# L04000084170

Entity Name: MICRON USA LLC

Current Principal Place of Business:

550 S. OCEAN BLVD., SUITE 1907
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

PO BOX 1875
BOCA RATON, FL 33429

New Mailing Address:

FEI Number: 20-2597391 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAFICANTE, SALVATORE G
550 S. OCEAN BLVD., SUITE 1907
BOCA RATON, FL 33432 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: TRAFICANTE, SALVATORE G
Address: PO BOX 1875
City-St-Zip: BOCA RATON, FL 33429

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TRAFICANTE, SALVATORE G
Address: PO BOX 1875
City-St-Zip: BOCA RATON, FL 33429

Title: MGRM () Change (X) Addition
Name: BIANCHI, LILIANA
Address: PO BOX 1875
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM () Change (X) Addition
Name: TRAFICANTE, ROMINA
Address: PO BOX 1875
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SALVATORE TRAFICANTE

MGRM

07/05/2005

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