

**2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Sep 01, 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: MGRM      ( ) Delete  
Name: TRAFICANTE, SALVATORE G  
Address: PO BOX 1875  
City-St-Zip: BOCA RATON, FL 33429

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

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

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

**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:

Title: MGRM      ( ) Change (X) Addition  
Name: TRAFICANTE, MARCOS A  
Address: P.O BOX 1875  
City-St-Zip: BOCA RATON, FL 33429

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: TRAFICANTE SALVATORE

MGRM

09/01/2005

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