


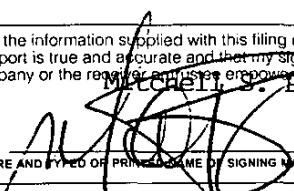


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000014344						FILED	
1. Entity Name MADUXA LLC							
Principal Place of Business 2665 SOUTH BAYSHORE DR STE. 703 MIAMI, FL 33133			Mailing Address 2665 SOUTH BAYSHORE DR STE. 703 MIAMI, FL 33133			06 MAY -8 PM 2:04	
2. Principal Place of Business			3. Mailing Address			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State			04192006 Chg-LLC CR2E083 (11/05)	
Zip		Country	Zip		Country	4. FEI Number 20-2335252	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required						Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
POLANSKY, MITCHELL S ESQ 2665 SOUTH BAYSHORE DR STE. 703 MIAMI, FL 33133				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POLANSKY, MITCHELL S 2665 SOUTH BAYSHORE DR STE. 703 MIAMI, FL 33133	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000075891380 06/06/06--01047--003 **1800.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEINER, RICHARD 2665 SOUTH BAYSHORE DR STE. 703 MIAMI, FL 33133	<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	MGR WEINER, ARLETTE 2665 SOUTH BAYSHORE DR STE. 703 MIAMI, FL 33133	<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		
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 registered professional service corporation to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: 				4/19/06 (305) 858-9900			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE						Date	
						Daytime Phone #	