

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081007

FILED
Jul 01, 2006
Secretary of State

Entity Name: HEXOMAX LLC

Current Principal Place of Business:

1800 SANS SOUCI BLVD
300
MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

1800 SANS SOUCI BLVD
300
MIAMI, FL 33181

New Mailing Address:

FEI Number: 20-3320010 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:

NAOUMOVETS, SERGUEI V MR
1800 SANS SOUCI BLVD
300
MIAMI, FL FL 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: NAOUMOVETS, SERGUEI V
Address: 1800 SANS SOUCI BLVD #300
City-St-Zip: MIAMI, FL 33181

Title: MGR () Delete
Name: AKHPOLAU, ANTON S
Address: 8320 HARDING AVE APT.4
City-St-Zip: MIAMI, FL 33141

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: AKHPOLAU, ANTON S
Address: 300 BAY VIEW DRIVE, APT 2104
City-St-Zip: MIAMI, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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: SERGUEI NAOUMOVETS

CEO

07/01/2006

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