2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L0000001566

Entity Name: XAC COMPANY, L.L.C.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

999 PONCE DE LEON BLVD 15500 NEW BARN ROAD STE 1105 SUITE 101

CORAL GABLES, FL 33134 MIAMI LAKES, FL 33014

Current Mailing Address: New Mailing Address:

999 PONCE DE LEON BLVD 15500 NEW BARN ROAD STE 1105 SUITE 101 CORAL GABLES, FL 33134 MIAMI LAKES, FL 33014

FEI Number: 65-0982603 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CADRILLO, GUILLERMO 999 PONCE DE LEON BLVD STE 1105 CORAL GABLES, FL 33134 US

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/MEMBERS:

ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 OFFBLUE CORPORATION,
 Name:

 Address:
 999 PONCE DE LEON BLVD SUITE 1105
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

Name:ARBA CORPORATION,Name:Address:999 PONCE DE LEON BLVD SUITE 1105Address:City-St-Zip:CORAL GABLES, FL 33134City-St-Zip:

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: GUILLERMO CARRILLO MGR 04/30/2004