2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000012377

1. Entity Name VERCALEX, L.L.C.

Mailing Address

Principal Place of Business 611 N. MASHTA DR. KEY BISCAYNE, FL. 33149

611 N. MASHTA DR. KEY BISCAYNE, FL 33149

FILED Mar 10, 2004 08:00 AM Secretary of State



02242004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1056620 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., STE. 125 CORAL GABLES, FL 33146

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	The above named entity submits this statement for the purpose of a the obligations of registered agent.	changing its registe	red office or registered aga	ent, or both, in the State of Florida.	I am familiar with, and accept
S	CNATURE			<u></u>	

(NOTE Registered Agent signature required when reinstating

Filing Fee is \$50.00 Due by May 1, 2004

U00000083793 03/10/04-80053-016 50.00

9 .	MANAĞINĞ MEMBERS/MANAGERS
TRILE NAME STREET ADDRESS CRY-ST-ZIP	MGR ARBOLEDA, RODRIGO H 611 N. MASHTA DR. KEY BISCAYNE, FL 33149
title Name Street Address City-St-Zip	
INTLE NAME STREET ADDRESS C:TY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
THILE NAME STREET ADDRESS CITY-ST-ZIP	
INTLE NAME STREET ADDRESS CXTV-SI-71P	

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11. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited hability company or the receiper or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

MMMe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

March 6,2004

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