

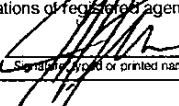


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90024 004 ****50.00

DOCUMENT # L00000015705 1. Entity Name FICOHSA EXPRESS, LLC		
Principal Place of Business 100 SE SECOND STREET 18TH FLOOR-JHF MIAMI, FL 33131		Mailing Address 100 SE SECOND STREET 18TH FLOOR-JHF MIAMI, FL 33131
2. Principal Place of Business John H. Friedhoff, Esquire Fowler White Burnett P.A. Espirito Santo Plaza - 14th Floor Fourteenth Floor 1395 Brickell Avenue Miami, Florida 33131-3302	3. Mailing Address John H. Friedhoff, Esquire Fowler White Burnett P.A. Espirito Santo Plaza - 14th Floor Fourteenth Floor 1395 Brickell Avenue Miami, Florida 33131-3302	20015897  01312005 Chg-LLC CR2E083 (10/03) 4. FEI Number 65-1077206 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent FRIEDHOFF, JOHN H ESQ 100 SE SECOND STREET 18TH FLOOR-JHF MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: John H. Friedhoff, Esquire Street Address: Fowler White Burnett P.A. Espirito Santo Plaza - 14th Floor Fourteenth Floor 1395 Brickell Avenue Miami, Florida 33131-3302 City: _____ 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:  <u>J.H. FRIEDHOFF</u> DATE: <u>2/1/05</u> <small>Signature of registered agent or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE: MGR <input type="checkbox"/> Delete NAME: ATALA FARAJ, CAMILO STREET ADDRESS: 100 SE SECOND STREET CITY-ST-ZIP: MIAMI, FL 33131	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: 1395 BRICKELL AVENUE, 14TH FLOOR CITY-ST-ZIP: MIAMI, FLORIDA 33131-3302	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: <u>CAMILO ATALA F.</u>		Date: <u>2/20/05</u> Daytime Phone #: _____