
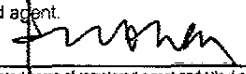


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

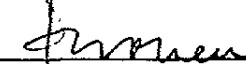
FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000016187 1. Entity Name FIMEX UNITED LLC					
Principal Place of Business 500 NE SPANISH RIVER BLVD., (101) BOCA RATON FL 33431			Mailing Address 500 NE SPANISH RIVER BLVD., (101) BOCA RATON FL 33431		
2. Principal Place of Business <div style="text-align: center; font-size: 1.2em;">SAME</div>		3. Mailing Address <div style="text-align: center; font-size: 1.2em;">SAME</div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1067540 <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent COHEN, I.L. 500 NE SPANISH RIVER BLVD., (101) BOCA RATON FL 33431	
7. Name and Address of New Registered Agent 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  2-3-04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, I.L. 500 NE SPANISH RIVER BLVD #101 BOCA RATON FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COHEN, I.L. 500 NE SPANISH RIVER BLVD #101 BOCA RATON FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COHEN, I.L. 500 NE SPANISH RIVER BLVD #101 BOCA RATON FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COHEN, I.L. 500 NE SPANISH RIVER BLVD #101 BOCA RATON FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COHEN, I.L. 500 NE SPANISH RIVER BLVD #101 BOCA RATON FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COHEN, I.L. 500 NE SPANISH RIVER BLVD #101 BOCA RATON FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COHEN, I.L. 500 NE SPANISH RIVER BLVD #101 BOCA RATON FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COHEN, I.L. 500 NE SPANISH RIVER BLVD #101 BOCA RATON FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COHEN, I.L. 500 NE SPANISH RIVER BLVD #101 BOCA RATON FL 33431	<input type="checkbox"/> Delete			



MOORE CR2E083 (11/03)

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  2-3-04 561-392-2131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #