

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2006 8:00 am
Secretary of State

07-20-2006 90025 006 ****50.00

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="border: 1px solid black; padding: 2px; display: inline-block;">SKME</div>		3. Mailing Address <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			
Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			
City & State <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		City & State <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			
Zip <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Country <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Zip <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Country <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	4. FEI Number 65-1067540	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Street Address (P.O. Box Number is Not Acceptable) <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> City <div style="border: 1px solid black; padding: 2px; display: inline-block;">FL</div> Zip Code <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:			8-4-06 561-392-2131		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		