# 2006 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

**DOCUMENT # L01000000309**

1. Entity Name
HEXAGONE COMPUTER LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 2631 E. OAKLAND PARK BLVD., STE. 101 FT LAUDERDALE, FL 33306 | 2526 EAGLE RUN CIRCLE WESTON, FL 33327 |

04252006    Chg-LLC    CR2E083 (11/05)

| 2. Principal Place of Business | 3. Mailing Address 2665 S. Bayshore Drive |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. Suite 703 |
| City & State | City & State Miami, FL |

| Zip | Country | Zip 33133 | Country USA |
|---|---|---|---|

4. FEI Number
65-1067438

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DR., STE. 703 MIAMI, FL 33133 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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 _____

Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE

**Filing Fee is $50.00 Due by May 1, 2006**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE MGR<br>NAME BAILACH, HUMBERTO F<br>STREET ADDRESS 2526 EAGLE RUN CIRCLE<br>CITY-ST-ZIP WESTON, FL 33327 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS 900075287989<br>CITY-ST-ZIP 05/25/06--01024--025 **1100.00 | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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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.

Timothy D. Richards    4/25/06    (305) 858-9900

**SIGNATURE:** _Timothy D. Richards_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #