


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 10:00

DOCUMENT # L01000000309					
1. Entity Name HEXAGONE COMPUTER LLC					
Principal Place of Business 2631 E. OAKLAND PARK BLVD., STE. 101 FT LAUDERDALE, FL 33306			Mailing Address 2526 EAGLE RUN CIRCLE WESTON, FL 33327		
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		04252006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number 65-1067438	
33133		USA		Applied For Not Applicable	
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		
			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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGR BAILACH, HUMBERTO F 2526 EAGLE RUN CIRCLE WESTON, FL 33327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: <i>Timothy D. Richards</i>			Date: 4/25/06 (305) 858-9900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					