


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000000309						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">2007 MAY 18 P 2:13</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>																													
1. Entity Name HEXAGONE COMPUTER LLC				Principal Place of Business 2631 E. OAKLAND PARK BLVD., STE. 101 FT LAUDERDALE, FL 33306				Mailing Address 2665 S BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133																											
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.				04272007 Chg-LLC CR2E083 (12/06)																											
City & State				City & State				4. FEI Number 65-1067438		Applied For <input type="checkbox"/> Not Applicable																									
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> 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, 2007								Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS						10. ADDITIONS/CHANGES																													
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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.																																			
SIGNATURE: <u>Timothy D. Richards</u> Date: <u>4/27/07</u> Daytime Phone #: <u>(305) 858-9900</u>																																			