

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011933

Entity Name: EXIM LICENSING USA, LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

601 BRICKELL KEY DRIVE
SUITE 700
MIAMI, FL 33131

New Principal Place of Business:

3539 ROYAL PALM
MIAMI, FL 33133

Current Mailing Address:

601 BRICKELL KEY DRIVE
SUITE 700
MIAMI, FL 33131

New Mailing Address:

3539 ROYAL PALM
MIAMI, FL 33133

FEI Number: 65-1130574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARTURO, VINUEZA
601 BRICKELL KEY DRIVE
SUITE 700
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

ARTURO, VINUEZA
3539 ROYAL PALM
MIAMI, FL 33133 US

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.

SIGNATURE: ARTURO VINUEZA

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VINUEZA, ARTURO
Address: 601 BRICKELL KEY DRIVE, SUITE 700
City-St-Zip: MIAMI, FL 33131

Title: MGRM (X) Delete
Name: ELIAS, HOFMAN
Address: 601 BRICKELL KEY DRIVE, SUITE 700
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VINUEZA, ARTURO
Address: 3539 ROYAL PALM AVE.
City-St-Zip: MIAMI, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ARTURO VINUEZA

MGR

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date