

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

61470

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000000760

1. Entity Name
EXACTA L.L.C.



Principal Place of Business
1333 N. DUVAL ST.
TALLAHASSEE, FL 32303

Mailing Address
1333 N. DUVAL ST.
TALLAHASSEE, FL 32303



04262005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES, INC.
1333 DUVAL STREET
TALLAHASSEE, FL 32302

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

000000361058
05/05/05-80062-001 400.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EURO-AMX EXCHANGE INC. SUITE 302 EAST BUILDING NO. 34/20 PANAMA CITY 5, PANAMA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SATURN INVESTMENTS GROUP, S.A. SUITE 302 EAST BUILDING NO. 34/20 PANAMA CITY 5, PANAMA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Attorney-In-Fact of Member

Date

Daytime Phone #

4/28/05 302-421-5752