


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90325 049 ***138.75

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|--|--|---------|---|--|--|
| DOCUMENT # L02000001046 1. Entity Name FINEXIM, LLC | | | |  | |
| Principal Place of Business 1111 BRICKELL AVENUE 1100 MELLON FINANCIAL CENTER MIAMI, FL 33131 | | | Mailing Address 1111 BRICKELL AVENUE 1100 MELLON FINANCIAL CENTER MIAMI, FL 33131 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 04-3586578 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent BEILMAN, WILLIAM MR. 7975 NW 154TH STREET SUITE 230 MIAMI LAKES, FL 33016 | | | | 7. Name and Address of New Registered Agent 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 _____ | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BEILMAN, WILLIAM 7975 NW 154TH STREET SUITE 230 MIAMI LAKES, FL 33016 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECY LOPEZ, ANDREA 7975 NW 154TH STREET SUITE 230 MIAMI LAKES, FL 33016 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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. | | | | | |
| SIGNATURE: <i>William Beilman</i> | | | WILLIAM BEILMAN 4/19/08 (786) 390-5786 | | |