2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Jan 27, 2005 08:00 AM DOCUMENT # L02000001974 **Secretary of State** OPTIMUX CONTROLS, L.L.C. Mailing Address Principal Place of Business 3884 NE 124TH AVE 3884 NE 124TH AVE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 01242005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0623016 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCULLY, DAVID M DO NOT WRITE 1323 SOUTHEAST THIRD AVENUE FORT LAUDERDALE, FL 33316 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registored 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) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGÉRS 9. MGR TITLE CONESA, JAIME NAME U00000200489 1860 NW 124TH WAY STREET ADDRESS 01/28/05-80030-013 50.00 CITY-ST-ZIP CORAL SPRINGS, FL 33071 BHE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SI-ZIP IN THIS SPACE TITLE HAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP ШЦ NAME. STREET ADDRESS CITY-SY-ZIF

954- 227-8353