

FILED
May 01, 2006 8:00 am
Secretary of State

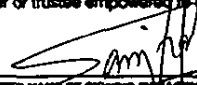
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**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

20041752



01062006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L03000005960			
1. Entity Name INDEXET, LLC			
Principal Place of Business 4854 SW 72ND AVENUE MIAMI, FL 33155		Mailing Address 2004 BISCAYNE BLVD., #4100 MIAMI, FL 33131	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 806 Douglas Road Suite 580	
City & State		City & State Coral Gables, FL	
Zip	Country	Zip	Country US
4. FEI Number 16-1660514		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE INTERNATIONAL REGISTERED AGENTS 200 SOUTH BISCAYNE BLVD., STE. 4100 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Registered Agent Corporate Services Inc. Street Address (P.O. Box Number is Not Acceptable) 806 Douglas Road Suite 580 City Coral Gables FL Zip Code 33134	
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: 		DATE: 1/24/06	
Filing Fee is \$50.00 Due by May 1, 2006		Master check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IMS COMPANIES LLC 4854 SW 72ND AVENUE MIAMI, FL 33155 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEONEL, SAMUEL 4854 SW 72ND AVENUE MIAMI, FL 33155 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM/MGR LEONEL, SAMUEL c/o 806 DOUGLAS ROAD, SUITE 580 CORAL GABLES, FL 33134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 prosecute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date: 01/31/2006 786-5241433	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			