


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90140 032 \*\*\*\*50.00

<b>DOCUMENT # L03000017595</b>					
<b>1. Entity Name</b> PROINTEX LLC					
<b>Principal Place of Business</b> 1221 BRICKELL AVENUE, SUITE 1100 MIAMI, FL 33131			<b>Mailing Address</b> 1221 BRICKELL AVENUE, SUITE 1100 MIAMI, FL 33131		
<b>2. Principal Place of Business</b> 1390 Brickell Ave. Suite, Apt. #, etc. Suite 200 City & State Miami - Florida Zip 33131 Country USA		<b>3. Mailing Address</b> 1390 Brickell Ave. Suite, Apt. #, etc. Suite 200 City & State Miami - Florida Zip 33131 Country USA			
<b>4. FEI Number</b> 04302004 Chg-LLC CR2E083 (10/03)				Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				03-0517998	
<b>6. Name and Address of Current Registered Agent</b> AGRAMUNT, LUIS 1221 BRICKELL AVENUE, SUITE 1100 MIAMI, FL 33131			<b>7. Name and Address of New Registered Agent</b> Name Luis Agramunt Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Ave., suite 200 City FL Zip Code		
<b>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.</b> SIGNATURE  DATE 04/29/04 <small>(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOODWARD, RANDALL 1221 BRICKELL AVENUE, SUITE 1100 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1390 Brickell Ave., suite 200 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> 			04/29/04		305-373.5802
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>