
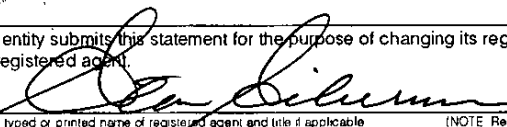
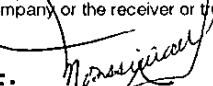


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90049 015 \*\*\*\*50.00

<b>DOCUMENT # L03000057554</b>			
1. Entity Name <b>X WORKS LIMITED LIABILITY COMPANY</b>			
Principal Place of Business 626 CORAL WAY 803 CORAL GABLES FL 33134 US		Mailing Address 626 CORAL WAY 803 CORAL GABLES FL 33134 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>BARBEITO, ARTURO M 4967 SW 74 COURT MIAMI FL 33155</b>		7. Name and Address of New Registered Agent Name <b>Steven Silverman</b> Street Address (P.O. Box Number is Not Acceptable) <b>4500 S. Dadeland Blvd. Suite 550</b> City <b>MIAMI</b> FL <b>FL</b> Zip Code <b>33156</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. SIGNATURE  DATE <b>2-4-05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LOUSSINIAN, EDWARD O MGRM 626 CORAL WAY # 803 CORAL GABLES FL 33134</b> <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	<b>MGRM BARBEITO, ARTURO M MGRM 301 NW 84 COURT # 8 MIAMI FL 33126</b> <input checked="" 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	<b>MGR GUTIERREZ, OMAR MGR 4000 GRANADA BOULEVARD CORAL GABLES FL 33146</b> <input checked="" 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	<b>MGRM LOUSSINIAN, INES M MGRM 626 CORAL WAY # 803 CORAL GABLES FL 33134</b> <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	<b>MGR GUTIERREZ, ELIZABETH R MGR 4000 GRANADA BOULEVARD CORAL GABLES FL 33146</b> <input checked="" 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>EDWARD LOUSSINIAN - MANAGING MEMBER</b>		DATE: <b>02-22-05</b> DAYTIME PHONE #: <b>305-446-8501</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>DATE DAYTIME PHONE #</small>	

20010400



1st MOORE CR2E083 (10/04)

4. FEI Number **80-0090356** Applied For  Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required