

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90065 036 ****50.00

DOCUMENT # L03000057554

1. Entity Name
X WORKS LIMITED LIABILITY COMPANY



Principal Place of Business
 626 CORAL WAY
 803
 CORAL GABLES, FL 33134 US

Mailing Address
 626 CORAL WAY
 803
 CORAL GABLES, FL 33134 US

20023595



03302006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0090356	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SILVERMAN, STEVEN
 4500 S DADELAND BLVD
 STE 550
 MIAMI, FL 33156

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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 _____
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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LOUSSINIAN, EDWARD O MGRM
STREET ADDRESS	626 CORAL WAY # 803
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGRM
NAME	LOUSSINIAN, INES M MGRM
STREET ADDRESS	626 CORAL WAY # 803
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Edward Loussinian* **EDWARD LOUSSINIAN MGR** **03-30-06** **305-446-8501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #