2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000057554

1. Entity Name

X WORKS LIMITED LIABILITY COMPANY

US



| Principal Place | e of Business |
|-----------------|---------------|
|-----------------|---------------|

626 CORAL WAY

CORAL GABLES, FL 33134

Mailing Address

626 CORAL WAY

803

DO NOT WRITE IN THIS SPACE

CORAL GABLES, FL 33134 US

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

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

20023595



03302006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 80-0090356

Applied For Not Applicable

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

DO NOT WRITE

| MIAMI, FL | 33156 | liv i r | 113 SPACE |
|--------------------------|---|--|--|
| | | | |
| 8. The above the obligat | named entity submits this statement for the purpose of cha- tions of registered agent. | nging its registered office or registered agent, or both, in | n the State of Florida. I am familiar with, and accept |
| SIGNATURE. | 97 | | |
| | Signature, typed or printed name of registered agent and title it applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
| | iling Fee is \$50.00 ue by May 1, 2006 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 | | |
| | | | |

DO NOT WRITE IN THIS SPACE

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

EDWARD

LOUSSINIAN MAR

O3-30-06