2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

04-29-2005 90064 035 ****50.00 DOCUMENT # L04000044906 ON PROJECOES USA, L.L.C. · 4002364 Principal Place of Business Mailing Address 3517 N.W. 82ND AVE. 3517 N.W. 82ND AVE. MIAMI, FL 33122-1027 MIAMI, FL 33122-1027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEL Number 27769 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. TAVARES, TIERES Street Address (P.O. Box Number is Not Acceptable) 3517 N.W. 82ND AVE. MIAMI, FL 33122-1027 City 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 Signature, typed or printed name of registered agent and late # applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. TITLE MGR ☐ Delete ШΕ ☐ Change ☐ Addition TAVARES, TIERES NAME STREET ADDRESS 3517 N.W. 82ND AVE. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 331221027 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ШΕ ☐ Change ☐ AddItion TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete ME ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Apr 29, 2005 8:00 am Secretary of State