

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90175 025 ****50.00

DOCUMENT # L04000056128 1. Entity Name HEXAGON CAPITAL, LLC																											
Principal Place of Business 416 COMMERCE WAY 170 LONGWOOD, FL 32750		Mailing Address 416 COMMERCE WAY 170 LONGWOOD, FL 32750																									
2. Principal Place of Business 1425 S KIRKMAN RD Suite, Apt. #, etc.		3. Mailing Address 1425 S KIRKMAN RD Suite, Apt. #, etc.																									
City & State ORLANDO, FL		City & State ORLANDO, FL																									
Zip 32811		Zip 32811																									
Country ORLANDO		Country ORLANDO																									
4. FEI Number 20-1461781		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent COHEN, DAVID S ESQUIRE 5728 MAJOR BOULEVARD SUITE 560 ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name RODRIGO A NUNEZ Street Address (P.O. Box Number is Not Acceptable) 1425 S KIRKMAN ROAD APT 2032 City ORLANDO FL Zip Code 32811																									
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 2/15/2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>																											
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NUNEZ, RODRIGO A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>416 COMMERCE WAY, #170</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LONGWOOD, FL 32750</td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	NUNEZ, RODRIGO A		STREET ADDRESS	416 COMMERCE WAY, #170		CITY-ST-ZIP	LONGWOOD, FL 32750		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">1425 S KIRKMAN ROAD APT 2032</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ORLANDO, FL 32811</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	1425 S KIRKMAN ROAD APT 2032	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	ORLANDO, FL 32811		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 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 DATE 2/11/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																											