




2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Jun 23, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90048 019 \*\*\*\*50.00

<b>DOCUMENT # L04000068647</b> 1. Entity Name <b>MEXCO, LLC</b>					
Principal Place of Business <b>1000 QUAYSIDE TERRACE, TOWER 1, STE #411 MIAMI, FL 33138</b>			Mailing Address <b>1000 QUAYSIDE TERRACE, TOWER 1, STE #411 MIAMI, FL 33138</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		04152005    Chg-LLC    CR2E083 (10/03)  4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace; font-size: 1.2em;">87-0732853</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 0.8em;">Applied For Not Applicable</div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>TERMINELLO, LOUIS J ESQ TERMINELLO &amp; TERMINELLO, P.A. 2700 S.W. 37TH AVENUE MIAMI, FL 33133</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number Is Not Acceptable)  City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reissuance) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KORN, JACKY 1000 QUAYSIDE TERRACE, TOWER 1, STE #411 MIAMI, FL 33138		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Nathan Preclado 21205 Yacht Club Drive, #1705 Aventura, FL 33180	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FUEGO, CARINA B 1000 QUAYSIDE TERRACE, TOWER 1, STE #411 MIAMI, FL 33138		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; height: 40px;"></div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; height: 40px;"></div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; height: 40px;"></div>	
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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: 			MANAGER      4/20/05      (305) 790-8088		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #					