

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007563

**FILED**  
**May 01, 2006**  
**Secretary of State**

**Entity Name:** SPINTEX, LLC

**Current Principal Place of Business:**

999 PONCE DE LEON BLVD., SUITE 715  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

999 PONCE DE LEON BLVD., SUITE 715  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 71-0999638      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

JORDAN, ARTURO  
999 PONCE DE LEON BLVD., SUITE 715  
CORAL GABLES, FL 33134    US

**Name and Address of New Registered Agent:**

ARAGON REGISTERED AGENTS INC  
999 PONCE DE LEON BLVD., SUITE 715  
CORAL GABLES, FL 33134    US

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.

SIGNATURE: ARAGON REGISTERED AGENTS

05/01/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: BACHAALANI, LUTFALAH  
Address: 999 PONCE DE LEON BLVD., SUITE 715  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LUTFALAH BACHAALANI

MGR

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date