

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091200

Entity Name: IXES USA, LLC

FILED
Jul 12, 2006
Secretary of State

Current Principal Place of Business:

8702 S.W. 212 TERRACE
MIAMI, FL 33189 US

New Principal Place of Business:

Current Mailing Address:

8702 S.W. 212 TERRACE
MIAMI, FL 33189 US

New Mailing Address:

FEI Number: 20-3522802 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:

Name and Address of New Registered Agent:

HATTON, DAVID
150 ALHAMBRA CIRCLE
SUITE 1150
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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MRGM () Delete
Name: BRUEGEL, GERD
Address: KLEISTSTRASSE 27
City-St-Zip: DREIEICH, DE 63303 DE

Title: MGRM () Delete
Name: NAUKE, SVEN
Address: BERZALLEE 34
City-St-Zip: NAUHEIM,, DE 64569 DE

Title: MGR () Delete
Name: REINHARDT, SABINE
Address: 8702 S.W. 212 TERRACE
City-St-Zip: MIAMI, FL 33189 US

ADDITIONS/CHANGES:

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

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

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: SABINE REINHARDT

MGR

07/12/2006

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