

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90283 033 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L99000006468			
1. Entity Name PORTONYX, L.L.C.			
Principal Place of Business 90 ALTON ROAD, #3310 MIAMI BEACH, FL 33139		Mailing Address % BAKER & MCKENZIE 1111 BRICKELL AVE., SUITE 1700 MIAMI, FL 33131	
2. Principal Place of Business 10612 N.W. 54 Street Suite, Apt. #, etc.		3. Mailing Address 10612 N.W. 54 Street Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33178	Country USA	Zip 33178	Country USA
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
4. FEI Number 65-0955445 Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
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 reinstating) DATE _____			
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	MGR PINEIRO, MIGUEL POSADAS 1120, PISO 4. DEPARTAMENTO A BUENOS AIRES, ARGENTINA. ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <u>L</u> PINEIRO MIGUEL		01/27/05 305 281 0497	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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