FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90159 032 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000003717

1. Entity Name
SGROPPIN L.C.

Principal Place of Business	Mailing Address
721 LINCOLN RD. MIAMI BEACH, FL 33139	721 LINCOLN RD. MIAMI BEACH, FL 33139

02262004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
1688 Meridian Ave.		1688 Meridian Ave.	
Suite, Apt. #, etc.: Suite #400		Suite, Apt. #, etc.: Suite #400	
City & State: Miami Beach, FL		City & State: Miami Beach, FL	
Zip: 33139	Country: USA	Zip: 33139	Country: USA

4. FEI Number 65-1087886 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SBROGGIO, GRAZIANO
721 LINCOLN RD.
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name: Sbroggio, Graziano
Street Address (P.O. Box Number is Not Acceptable): 1688 Meridian Ave. Ste. #400
City: Miami Beach FL Zip Code 33139

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 [signature] President 3/18/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGR	☑ Change ☐ Addition
NAME	SBROGGIO, GRAZIANO		NAME	Sbroggio, Graziano	
STREET ADDRESS	721 LINCOLN RD.		STREET ADDRESS	1688 Meridian Ave Ste. 400	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] Graziano Sbroggio 3/18/04 (305) 532-1233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #