


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000008989

1. Entity Name
 LA FINESTRA, L.C.



Principal Place of Business 100 N. BISCAYNE BLVD., 21ST FLOOR C/O BAUR, KLEIN, MATOS MIAMI, FL 33132-2306	Mailing Address 100 N. BISCAYNE BLVD., 21ST FLOOR C/O BAUR, KLEIN, MATOS MIAMI, FL 33132-2306
--	--



04152004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1110523	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, CHRISTOPHER J
 100 N. BISCAYNE BLVD., 21ST FLOOR
 C/O BAUR, KLEIN, MATOS
 MIAMI, FL 33132-2306

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM D'AMBROSIO, BRUNO SALVONI 100 N. BISCAYNE BLVD., 21ST FLOOR MIAMI, FL 331322306
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000158168
 05/07/04-80010-019 55.00

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 606, Florida Statutes

SIGNATURE:  **BRUNO SALVONI** **04/28/04** **305 599 8093**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #