

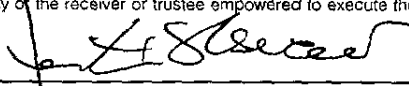


FILED
May 03, 2006 08:00
Secretary of State

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000004992		
1. Entry Name INSTALTRONIC LLC		
Principal Place of Business CALLE 2 NRO. 366 (39 Y 40) (1900) LA PLATA, BA ARGENTINA, XX		Mailing Address CALLE 2 NRO. 366 (39 Y 40) (1900) LA PLATA, BA ARGENTINA, XX
DO NOT WRITE IN THIS SPACE		
		 05022006 No Chg-LLC CR2E083 (11/05)
		4. FEI Number 48-0374778 Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent BIRNBACH, NINA R 10651 NE 11TH CT. MIAMI SHORES, FL 33138		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by September 6, 2006 UB00000563183 05/19/06-80044-026 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CITARELLA, JULIO CALLE 35, NRO 916 (13 Y 14) (1900)LA PLATA, BA ARGENTINA,	
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		
DO NOT WRITE IN THIS SPACE		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		MA 4-02-2006 54 221 426208 Date Daytime Phone #