


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2005 8:00 am
Secretary of State

04-26-2005 90020 001 ***150.00

DOCUMENT # L04000034127	
1. Entity Name CASTELVETRO, L.L.C.	

Principal Place of Business C/O AZRIA LAW FIRM, P.A. 1741 ALTON ROAD MIAMI BEACH, FL 33139	Mailing Address C/O AZRIA LAW FIRM, P.A. 1741 ALTON ROAD MIAMI BEACH, FL 33139
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08012005 Chg-LLC CR2E083 (10/03)


4. FEI Number 20-3142801	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 AZRIA AZRIA, ISABELLE E ESQ C/O AZRIA LAW FIRM, P.A. 1741 ALTON ROAD MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 ISABELLE E. AZRIA, ESQ.	DATE 8/8/05
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVERGREEN OVERSEAS HOLDINGS, INC. 7301 BELLE MEADE ISLAND DRIVE MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date 8/8/05 305-913-5626 x210
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	

ATTACHMENT
38010547
Azria Law Firm, P.A.

ISABELLE E. AZRIA, ESQ.

1741 Alton Road
Miami Beach, Florida 33139
(O) 305-913-5626 ext. 210
(F) 305-675-8352
isabelle@azrialaw.com

August 8, 2005

Via Fedex

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

Re: **CASTELVETRO, LLC**
Doc No. **L04000034127**

Dear Sir/Madam:

Attached please find the corrected Annual Report for the above referenced entity, reflected the Federal ID Number that was missing when the Report was originally sent in April, 2005.

The Division kept the \$150.00 fee and returned the Report to be corrected (see attached letter from the Division), however, in the interim, several Amendments to the Articles of Organization were filed, so the Report as submitted now has changed to reflect said Amendments.

Should you have any questions concerning the foregoing, please contact me (I am the registered agent for CASTELVETRO, LLC) at 305-913-5626 x210.

Thank you in advance for your prompt attention this matter.

Very truly yours,




Isabelle E. Azria, Esq.

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/26/2005-90020-001-\$150.00-\$150.00

ATTACHMENT

DOCUMENT # L04000034127			
1. Entity Name CASTELVETRO, L.L.C.			
Principal Place of Business 780 NE 69TH STREET, SUITE 1501 MIAMI, FL 33138		Mailing Address 780 NE 69TH STREET, SUITE 1501 MIAMI, FL 33138	
2. Principal Place of Business 960 N.E 74th ST		3. Mailing Address 960 N.E 74th ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33138		Country USA	
4. FEI Number		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 NAMECHE, DOMINIQUE 780 NE 69TH STREET, SUITE 1501 MIAMI, FL 33138		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 960 N.E 74th ST City MIAMI FL Zip Code 33138	
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		D. NAMECHE 4/21/05	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAMECHE, DOMINIQUE 780 NE 69TH STREET, SUITE 1501 MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	960 N.E 74th ST MIAMI FL 33138 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UZAN, VICTOR 780 NE 69TH STREET, SUITE 1501 MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	960 N.E 74th ST MIAMI FL 33138 <input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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: D. NAMECHE		4/21/05 305 756 8414	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	