
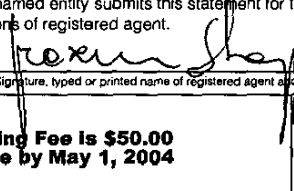
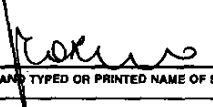


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

<b>DOCUMENT # L01000003717</b>			
1. Entity Name <b>SGROPPIN L.C.</b>			
Principal Place of Business <b>721 LINCOLN RD. MIAMI BEACH, FL 33139</b>		Mailing Address <b>721 LINCOLN RD. MIAMI BEACH, FL 33139</b>	
2. Principal Place of Business <b>1688 Meridian Ave. Suite, Apt. #, etc. Suite #400</b>		3. Mailing Address <b>1688 Meridian Ave. Suite, Apt. #, etc. Suite #400</b>	
City & State <b>Miami Beach, FL</b>		City & State <b>Miami Beach, FL</b>	
Zip <b>33139</b>	Country <b>USA</b>	Zip <b>33139</b>	Country <b>USA</b>
4. FEI Number <b>65-1087886</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SBROGGIO, GRAZIANO 721 LINCOLN RD. MIAMI BEACH, FL 33139</b>		7. Name and Address of New Registered Agent Name <b>Sbroggio, Graziano</b> Street Address (P.O. Box Number is Not Acceptable) <b>1688 Meridian Ave. Ste. #400</b> City <b>Miami Beach</b> <b>FL</b> Zip Code <b>33139</b>	
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  <b>President</b> DATE <b>3/18/04</b> <small>Signature, typed or printed name of registered agent applicable if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SBROGGIO, GRAZIANO 721 LINCOLN RD. MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Sbroggio, Graziano 1688 Meridian Ave Ste. 400 Miami Beach, FL 33139</b> <input checked="" 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
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:  <b>Graziano Sbroggio</b>		Date <b>3/18/04</b> Daytime Phone # <b>(305) 632-1233</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	