

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105981

Entity Name: IL GABBIANO LLC

FILED
Feb 08, 2006
Secretary of State

Current Principal Place of Business:

ONE MIAMI BRICKELL AVENUE
MIAMI, FL 33131

New Principal Place of Business:

335 SE BISCAYNE BOULEVARD
UNIT CU-1
MIAMI, FL 33131

Current Mailing Address:

ONE MIAMI BRICKELL AVENUE
MIAMI, FL 33131

New Mailing Address:

335 SE BISCAYNE BOULEVARD
UNIT CU-1
MIAMI, FL 33131

FEI Number: 20-4269698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLISAR, STEVEN
407 LINCOLN ROAD, SUITE 2A
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

ANGELO, BARRY & BANTA, P.A.
515 EAST LAS OLAS BOULEVARD
SUITE 850
FORT LAUDERDALE, FL 33301 US

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.

SIGNATURE: THOMAS P. ANGELO, CEO

02/08/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MARSCI, GINO
Address: 407 LINCOLN ROAD, SUITE 2A
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MARSCI, GINO
Address: 22 WATTS STREET
City-St-Zip: NEW YORK, NY 10013

Title: P () Change (X) Addition
Name: MARSCI, GINO
Address: 22 WATTS STREET
City-St-Zip: NEW YORK, NY 10013

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GINO MARSCI

P

02/08/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date