2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006
Secretary of State

DOCUMENT# L03000037244

Entity Name: FIB TRUST LLC

Current Principal Place of Business:

169 EAST FLAGLER STREET
SUITE 1534
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

169 EAST FLAGLER STREET, SUITE #1534
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-4614488 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARGUELLO, MARIANGELES
169 EAST FLAGLER STREET, SUITE #1534
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SCHEGGI, FIORENZO
Address: 169 EAST FLAGLER STREET, SUITE #1534
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Delete
Name: FALCIANI, ADOLFO
Address: 169 EAST FLAGLER STREET, SUITE #1534
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ADOLFO FALCIANI MGR 04/03/2006

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