2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000086366

1. Entity Name
MESPORT LLC

Principal Place of Business	Mailing Address
ONE S.E. THIRD AVENUE, SUITE 1440 MIAMI, FL 33131	ONE S.E. THIRD AVENUE, SUITE 1440 MIAMI, FL 33131

60010166

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02222008   Chg-LLC   CR2E083 (12/06)

4. FEI Number   20-8662415   ☐ Applied For   ☐ Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TURNER, DAVID ONE S.E. THIRD AVENUE, SUITE 1440 MIAMI, FL 33131	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	RUBINI, GIORGIO		NAME		
STREET ADDRESS	ONE S.E. THIRD AVENUE, SUITE 1440		STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOUR ISLANDS, FL 33131		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	OLDINI, MARIA		NAME		
STREET ADDRESS	ONE S.E. THIRD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	RUBINI, GABRIELE		NAME		
STREET ADDRESS	ONE S.E. THIRD AVENUE, SUITE 1440		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____   2/28/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #