


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000000158
 1. Entity Name
SORAIN CECCHINI INTERNATIONAL LLC



Principal Place of Business — Mailing Address
721 US 1, STE. 223 **721 U.S. # 1**
NORTH PALM BEACH, FL 33408 **SUITE 223**
NORTH PALM BEACH, FL 33408



02092005No Chg-LLC CR2E083 (10/03)

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4. FEI Number **20-0446749** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
PROYET, JEAN
721 US 1, STE. 223
NORTH PALM BEACH, FL 33408

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

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUERIN, JACQUELINE 7, CALLE DUERO 11310 SOTOGRANDE, SPAIN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PROYET, JEAN F US 1, STE. 223 NORTH PALM BEACH, FL 33408
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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:  **JEAN PROYET** **2/10/05** **561 844 2497**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #