

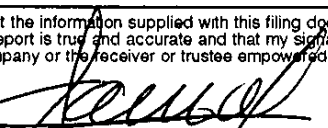


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000003738</b>			
1. Entity Name PASTA PARTNERS, L.L.C.			
Principal Place of Business 2600 NW 87TH AVE BAY #9 MIAMI, FL 33172		Mailing Address 2600 NW 87TH AVE BAY #9 MIAMI, FL 33172	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 01042007No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 65-1007539	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  MARMISH, PAUL M 3390 KAPOT TERRACE MIRAMAR, FL 33025		<b>DO NOT WRITE IN THIS SPACE</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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		U00000757369 05/23/07-80065-019 50.00	
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANDERS, CARMEN 5725 SW 8TH STREET MIAMI, FL 33144		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALMER, MARGARITA 8053 SW 186 ST MIAMI, FL 33157		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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  CARMEN SANDERS		4/27/07 (305) 261-3899	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	