2004 LIMITED LIABILITY COMPANY ~ ANNUAL REPORT

SIGNATURE AND TYPED OF PRINTED RAI

FILED Jan 15, 2004 08:00 AM **DOCUMENT # L00000005459 Secretary of State** 1. Entity Name ITALINVEST, L.L.C. Principal Place of Business Mailing Address 8206 NW 30 TERR. 8206 NW 30 TERR. MIAMI, FL 33122 MIAMI, FL 33122 01072004No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1015315 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROBINSON, WESLEY M ESQ DO NOT WRITE 501 BRICKELL KEY DR **SUITE 504** IN THIS SPACE MIAMI, FL 33131 5. 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 Filing Fee is \$50.00 Due by May 1, 2004 9. MANAGING MEMBERS/MANAGERS MGR TITLE SPADARO, ALFREDO D NAME 8206 NW 30 TERR. STREET ADDRESS U00000005298 CITY-ST-ZIP MIAMI, FL 33122 01/16/04-80001-005 50.00 MGR HAUB, ADRIANA H NAME 8206 NW 30 TERR. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33122 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(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.