

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # L00000005459

1. Entity Name
ITALINVEST, L.L.C.



Principal Place of Business

**8206 NW 30 TERR.
MIAMI, FL 33122 US**

Mailing Address

**8206 NW 30 TERR.
MIAMI, FL 33122 US**



01212005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1015315

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBINSON, WESLEY M ESQ
501 BRICKELL KEY DR
SUITE 504
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SPADARO, ALFREDO D
STREET ADDRESS	8206 NW 30 TERR.
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	MGR
NAME	HAUB, ADRIANA H
STREET ADDRESS	8206 NW 30 TERR.
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/11/05-80043-019 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE

[Signature]

[Signature]

2/4/05