
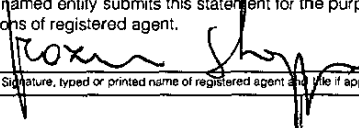
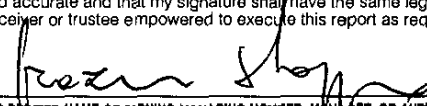


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90159 033 ****50.00

DOCUMENT # L00000006774 1. Entity Name PIAVE L.C.			
Principal Place of Business 721 LINCOLN ROAD MIAMI, FL 33139		Mailing Address 721 LINCOLN ROAD MIAMI, FL 33139	
2. Principal Place of Business 1112 N. Miami Ave. Suite, Apt. #, etc.		3. Mailing Address 1688 Meridian Ave Suite, Apt. #, etc. Suite 400	
City & State Miami, FL Zip 33136		City & State Miami Beach FL Zip 33139	
Country USA		Country USA	
4. FEI Number 65-1017020		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SBROGGIO, GRAZIANO 721 LINCOLN ROAD MIAMI, FL 33139		7. Name and Address of New Registered Agent Name SBroggio, Graziano Street Address (P.O. Box Number is Not Acceptable) 1688 Meridian Ave Ste 400 City Miami Beach FL Zip Code 33139	
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 		Title President Date 3/22/04	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SBROGGIO, GRAZIANO 721 LINCOLN ROAD MIAMI, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SBroggio, Graziano 1688 Meridian Ave Ste 400 Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 605, Florida Statutes.			
SIGNATURE: 		Date 3/22/04 (305) 532-1233	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	