## 2006 LIMITED LIABILITY COMPANY

## **FILED ANNUAL REPORT** Feb 08, 2006 08:00 AM Secretary of State DOCUMENT#L00000006774 1. Entity Name PIAVE L.C. Mailing Address Principal Place of Business 1112 N. MIAMI AVE 1688 MERIDIAN AVE MIAMI, FL 33136 SUITE 400 MIAMI, FL 33139 **EIS** 01242006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 65-1017020 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SBROGGIO, GRAZIANO DO NOT WRITE 1688 MERIDIAN AVE **STE 400** IN THIS SPACE MIAMI BEACH, FL 33139 6. 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 fiffe if applicable DATE (NOTE, Registered Agent signature required when reinstation) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. TITLE SBROGGIO, GRAZIANO NAME 1688 MERIDIAN AVE STE 400 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 U00000425478 02/18/06-80095-025 50.00 TISLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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

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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. Makara Doradoni SIGNATURE