


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90347 014 ****50.00

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| DOCUMENT # L01000002585 |  |
| 1. Entity Name BRAVISSIMO OF NAPLES, LLC | |

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| Principal Place of Business 849 7TH AVENUE SOUTH SUITE 101 NAPLES FL 34102 | Mailing Address 849 7TH AVENUE SOUTH SUITE 101 NAPLES FL 34102 |
|--|--|

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|---|---|
| 2. Principal Place of Business 1270 Shady Rest Lane | 3. Mailing Address 1270 Shady Rest Lane |
| Suite, Apt. #, etc. 103 | Suite, Apt. #, etc. 103 |
| City & State Naples, FL | City & State Naples, FL |
| Zip 34103 | Country USA |



1st MOORE CR2E083 (10/04)

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|--|--|
| 4. FEI Number 65-1090539 | 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 LYNN B. LEWIS, P.A. 1390 BRICKELL AVENUE, SUITE 280 MIAMI FL 33131 | |
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL Zip Code | |

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM AQUINO, FRANCISCO 4817 EUROPA DRIVE NAPLES FL 34105 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM AQUINO, FRANCISCO 1270 SHADY REST LANE #103 Naples, FL 34103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM LINEA, S.A. AVENIDA EL CERRO, PARQUE MET. SANTIAGO, CHILE <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 |
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| 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 608, Florida Statutes.

SIGNATURE: quino 3/10/05(239)404-8951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #