FILED
Jan 23, 2006 08:(
Secretary of St

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000004202

1. Entity Name
ISABELLA USA, LLC

Principal Place of Business	Mailing Address
201 SOUTH BISCAYNE BLVD. SUITE 850 MIAMI, FL 33131	201 SOUTH BISCAYNE BLVD. SUITE 850 MIAMI, FL 33131

000000394596
01/26/06 80016-017 50.00

DO NOT WRITE IN THIS SPACE

01062006No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1088417
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

5. Name and Address of Current Registered Agent

ROSSZ FIU COPRORATION
201 SOUTH BISCAYNE BLVD.
SUITE 850
MIAMI, FL 33131

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

7. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LATO, ANDREA
STREET ADDRESS	201 SOUTH BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGR
NAME	SIMONETTI, ISABELLA
STREET ADDRESS	201 SOUTH BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Isabella Simonetti ISABELLA SIMONETTI 1/14/2006 (305) 7023000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #