


06 MAR 27 AM 8:57

**2006 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT**

DOCUMENT # L01000004202					
1. Entity Name ISABELLA USA, LLC					
Principal Place of Business 201 SOUTH BISCAYNE BLVD. SUITE 850 MIAMI, FL 33131			Mailing Address 201 SOUTH BISCAYNE BLVD. SUITE 850 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03142006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 65-1086417				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			7. Name and Address of New Registered Agent		
ROSSZ FIU COPORATION 201 SOUTH BISCAYNE BLVD. SUITE 850 MIAMI, FL 33131			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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LATO, ANDREA 201 SOUTH BISCAYNE BLVD. MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMONETTI, ISABELLA 201 SOUTH BISCAYNE BLVD. MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMONETTI, ISABELLA 201 SOUTH BISCAYNE BLVD. MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMONETTI, ISABELLA 201 SOUTH BISCAYNE BLVD. MIAMI, FL 33131	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMONETTI, ISABELLA 201 SOUTH BISCAYNE BLVD. MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMONETTI, ISABELLA 201 SOUTH BISCAYNE BLVD. MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMONETTI, ISABELLA 201 SOUTH BISCAYNE BLVD. MIAMI, FL 33131	<input type="checkbox"/> Delete			
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: <i>Isabella Simonetti</i>				3/29/06 (305) 702-3000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	