
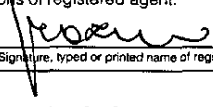
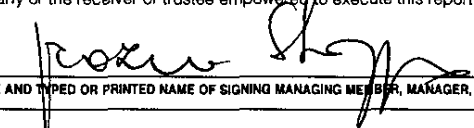


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-26-2004 90159 030 ****50.00

DOCUMENT # L01000008706					
1. Entity Name OMBRA L.C.					
Principal Place of Business 2305 PONCE DE LEON BLVD. CORAL GABLES, FL 33134			Mailing Address 721 LINCOLN RD. MIAMI BEACH, FL 33139		
2. Principal Place of Business		3. Mailing Address 1688 Meridian Ave Suite # 400			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03182004 Chg-LLC CR2E083 (10/03)	
Zip		Zip		4. FEI Number 65-1108981	
Country		Country		Applied For <input type="checkbox"/> Not Applicable	
33139		USA		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 RD. MIAMI BEACH, 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: 		President		(March 22, 04)	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
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 RD. MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Sbroggio, Graziano 1688 Meridian Ave Ste #400 Miami Beach, FL 33139	<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
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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: 		Graziano Sbroggio		3/22/04 (305) 632-1233	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	