2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State

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1. Entity Name
ALBERTO O. SARFATI, INVESTIGATION & ADJUSTER, L.L.C.

Principal Place of Business	Mailing Address
9130 S. DADELAND BLVD SUITE 1504 MIAMI, FL 33156 US	9130 S. DADELAND BLVD SUITE 1504 MIAMI, FL 33156 US

02172005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1134535
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUZMAN, MARIO I
9130 S. DADELAND BLVD
SUITE 1504
MIAMI, FL 33156

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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 _____ 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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SARFATI, ALBERTO OSCAR
STREET ADDRESS	GLISINAS 893 - LOS CARDALES COUNTRY CLUB
CITY-ST-ZIP	PROVINCIA DE BUENOS AIRES AR,
TITLE	MGR
NAME	GARAVANO DE SARFATI, SANDRA KARINA
STREET ADDRESS	GLISINAS 893 - LOS CARDALES COUNTRY CLUB
CITY-ST-ZIP	PROVINCIA DE BUENOS AIRES AR,
TITLE	
NAME	
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CITY-ST-ZIP	

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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: Alberto O. SARFATI MGR 02/24/05 305 670 1991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #