


2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90262 028 ****50.00

DOCUMENT # L01000015076			
1. Entity Name ALBERTO O. SARFATI, INVESTIGATION & ADJUSTER, L.L.C.			
Principal Place of Business 9130 S. DADELAND BLVD SUITE 1504 MIAMI, FL 33156 US		Mailing Address 9130 S. DADELAND BLVD SUITE 1504 MIAMI, FL 33156 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02172006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1134535		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	
GUZMAN, MARIO I 9130 S. DADELAND BLVD SUITE 1504 MIAMI, FL 33156		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

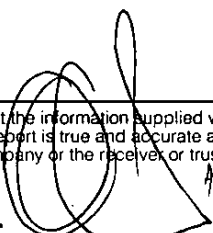
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SARFATI, ALBERTO OSCAR GLISINAS 893 - LOS CARDALES COUNTRY CLUB PROVINCIA DE BUENOS AIRES AR, <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	MGR GARAVANO DE SARFATI, SANDRA KARINA GLISINAS 893 - LOS CARDALES COUNTRY CLUB PROVINCIA DE BUENOS AIRES AR, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Alberto Sarfati - Manager** 3/21/06 (305) 670-1991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #