


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90015 036 *****50.00

DOCUMENT # L02000008980			
1. Entity Name ITALSHOP OF AVENTURA, LLC			
Principal Place of Business 19950 W. COUNTRY CLUB DR. SITE 900 AVENTURA, FL 33180		Mailing Address 19950 W. COUNTRY CLUB DR. SITE 900 AVENTURA, FL 33180	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03282005 Chg-LLC CR2E083 (10/03)

4. FEI Number
03-0459314

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146		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 _____ 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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANIEL, ELIAS C			NAME			
STREET ADDRESS	20803 BISCAYNE BLVD., SUITE 405			STREET ADDRESS	19950 W. Country Club Drive #900		
CITY-ST-ZIP	MIAMI, FL 33180			CITY-ST-ZIP	AVENTURA FL 33180		
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANIEL, ABRAHAM C			NAME			
STREET ADDRESS	20803 BISCAYNE BLVD., SUITE 405			STREET ADDRESS	19950 W. Country Club Drive #900		
CITY-ST-ZIP	MIAMI, FL 33180			CITY-ST-ZIP	AVENTURA FL 33180		
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANIEL, JACOBO C			NAME			
STREET ADDRESS	20803 BISCAYNE BLVD., SUITE 405			STREET ADDRESS	19950 W. Country Club Drive #900		
CITY-ST-ZIP	MIAMI, FL 33180			CITY-ST-ZIP	AVENTURA FL 33180		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JACOBO CABALE DANIEL, Manager

3/28/05 (305) 466-1810
Date Daytime Phone #