
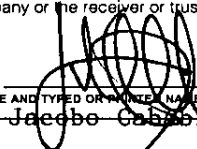


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 APR 13 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| DOCUMENT # L02000008980  |  |   |  |  |  |
| 1. Entity Name<br>ITALSHOP OF AVENTURA, LLC  |  |   |  |   |  |
| Principal Place of Business<br>19950 W. COUNTRY CLUB DR.<br>SITE 900<br>AVENTURA, FL 33180   |  |   | Mailing Address<br>19950 W. COUNTRY CLUB DR.<br>SITE 900<br>AVENTURA, FL 33180 |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |   |  |
| City & State   |  | City & State  |  | 02022006 Chg-LLC CR2E083 (11/05)  |  |
| Zip  |  | Country   |  | 4. FEI Number<br>03-0459314   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |  | <b>\$5.00</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent  |  |   | 7. Name and Address of New Registered Agent                                    |   |  |
| ATRIUM REGISTERED AGENTS, INC.<br>1500 SAN REMO AVENUE, SUITE 125<br>CORAL GABLES, FL 33146  |  |   | Name<br>CT Corporation System  |   |  |
|  |  |   | Street Address (P.O. Box Number is Not Acceptable)<br>1200 S. Pine Island Road |   |  |
|  |  |   | City<br>Plantation FL Zip Code<br>33324  |   |  |
| 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  |  | PETER F. SOUZA<br>ASSISTANT SECRETARY   |  | DATE<br>4/12/06   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |  |   |  | Make check payable to<br>Florida Department of State                              |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |   | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>DANIEL, ELIAS C<br>19950 W. COUNTRY CLUB DRIVE #900<br>AVENTURA, FL 33180   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>DANIEL, ABRAHAM C<br>19950 W. COUNTRY CLIB DRIVE #900<br>AVENTURA, FL 33180 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>DANIEL, JACOBO C<br>19950 W. COUNTRY CLUB DRIVE #900<br>AVENTURA, FL 33180  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:   |  |  |  | Date<br>4/12/06   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  | Jacobo Gabriel Daniel, Manager  |  | Daytime Phone #   |  |

MK



[Signature]

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