

05-05-2003 90684 028 \*\*\*\*50.00  
 09-22-2003 90103 001 \*\*\*\*50.00

**LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000008980  
 1. Entity Name  
 ITALSHOP OF AVENTURA, LLC



**DO NOT WRITE IN THIS SPACE**

**90157950**

2. Principal Place of Business 20803 Biscayne Blvd. Suite, Apt. #, etc. Suite 405 City & State Miami, FL Zip 33180		3. Mailing Address 20803 Biscayne Blvd. Suite, Apt. #, etc. Suite 405 City & State Miami, FL Zip 33180	
Country USA		Country USA	

DO NOT WRITE IN THIS SPACE

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 IN THIS SPACE**

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name ATRIUM REGISTERED AGENTS, INC.	
Street Address (P.O. Box Number is Not Acceptable) 1500 San Remo Avenue, Suite 125	
City Coral Gables	FL Zip Code 33146

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: \_\_\_\_\_

**FEE IS \$50.00**  
 Make Check Payable to Florida Department of State  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MAN DANIEL, ELIAS CABABIE 20803 Biscayne Blvd., Suite 405 Miami, FL 33180	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MAN DANIEL, ABRAHAM CABABIE 20803 Biscayne Blvd., Suite 405 Miami, FL 33180	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MAN DANIEL, JACOBO CABABIE 20803 Biscayne Blvd., Suite 405 Miami, FL 33180	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>DO NOT WRITE                  IN THIS SPACE</b>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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: *Jacobo Cababie* 09/17/03  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day/Mo Year

CR2E083B (12/02)