
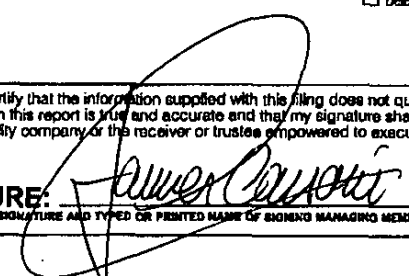


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000012811			
1. Entry Name CASSONI LLC			
Principal Place of Business 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131		Mailing Address 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TRANSGLOBAL CORPORATE ADMINISTRATION, LLC 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131		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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASSONI, JAVIER <input type="checkbox"/> Delete 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASSONI, EMILIO <input type="checkbox"/> Delete 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100000658889 03/16/07-80007-009 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STANHAH, NICHOLAS <input type="checkbox"/> Delete 520 BRICKELL KEY DR. #305 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: 		02/16/07 (786) 4974190	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	