

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020621

Entity Name: THE ASTRI GROUP, LLC

FILED  
Jun 11, 2007  
Secretary of State

## Current Principal Place of Business:

312 MINORCA AVENUE  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

133 SEVILLA AVENUE  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

312 MINORCA AVENUE  
CORAL GABLES, FL 33134 US

## New Mailing Address:

133 SEVILLA AVENUE  
CORAL GABLES, FL 33134 US

FEI Number: 27-0033422      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. THIRD AVENUE, 28TH FL  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

FERNANDEZ, SARAH A  
133 SEVILLA AVENUE  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: MIKE TOMAS

06/11/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: TOMAS, MIKE  
Address: 312 MINORCA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: TOMAS, MIKE  
Address: 133 SEVILLA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MIKE TOMAS

MGR

06/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date