


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000021349</b> 1. Entity Name <b>CASABELLA NATIONAL STUDIO, LLC</b>	
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Principal Place of Business <b>16300 NE 19TH AVE</b> <b>221</b> <b>MIAMI FL 33162</b>	Mailing Address <b>16300 NE 19TH AVE</b> <b>221</b> <b>MIAMI FL 33162</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country	4. FEI Number <b>33-1030979</b>
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1st MOORE      CR2E083 (10/05)

5. Name and Address of Current Registered Agent  <b>CARDENAS, SERGIO</b> <b>55 OCEAN LANE DR. #1028</b> <b>KEY BISCAYNE FL 33148</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR	TITLE	
NAME	CARDENAS, SERGIO	NAME	
STREET ADDRESS	16300 NE 19TH AVE STE 221	STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI BEACH FL 33162	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	MGR	TITLE	
NAME	CARDENAS, MARILIZA	NAME	
STREET ADDRESS	16300 NE 19TH AVE STE 221	STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI BEACH FL 33162	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add

100000515984  
04/29/06-80229-025 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Sergio Cardenas*      DATE 4/13/06      X 305-919-930