2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L02000023343

1. Entity Name
SALGINO INVESTMENTS LLC

FILED
04 JUN 22 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
276 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	276 ALHAMBRA CIRCLE CORAL GABLES, FL 33134

03262003 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1390 Brickell Avenue	1390 Brickell Avenue
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Miami, FL	City & State Miami, FL
Zip 33131 Country US	Zip 33131 Country US

4. FEI Number
81-0571062
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASTILLO, ALVARO B P A 1390 BRICKELL AVENUE STE 200 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 _____ 6-7-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GIRLANDO, SALVATORE 276 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	☐ Delete	TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	Salvatore Girlando 1390 Brickell Avenue, Suite 200 Miami, Florida 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GIRLANDO, GINO 276 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	Luigi Girlando Cassilba 1390 Brickell Avenue, Suite 200 Miami, Florida 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800038282858 FL 06/25/04--01045--003 **50.00	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Salvatore Girlando 6/2/04 (305) 371-5540
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Managing Member Date Daytime Phone #