

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025484

Entity Name: MUSAKI, LLC

FILED
Aug 24, 2006
Secretary of State

Current Principal Place of Business:

4318 FOXTAIL LN
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

4318 FOXTAIL LN
WESTON, FL 33331

New Mailing Address:

FEI Number: 20-3895721 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:

SACCHI, JOSE LUIS
4318 FOXTAIL LN
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PSD () Delete
Name: SACCHI, JOSE LUIS
Address: 4318 FOXTAIL LN
City-St-Zip: WESTON, FL 33331

Title: VSP () Delete
Name: SACCHI, CHRISTINA
Address: 4318 FOXTAIL LN
City-St-Zip: WESTON, FL 33331

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TS () Change (X) Addition
Name: SACCHI, ADRIANA
Address: 4318 FOXTAIL LN
City-St-Zip: WESTON, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSE L. SACCHI

PSD

08/24/2006

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