


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90110 015 ****50.00

DOCUMENT # L02000029695	
1. Entity Name RIMALI L.L.C.	

Principal Place of Business 10556 NW 26TH STREET D 101 DORAL, FL 33172	Mailing Address 10556 NW 26TH STREET D 101 DORAL, FL 33172
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2. Principal Place of Business 10544 NW 26 St.	3. Mailing Address 10544 NW 26 St.
Suite, Apt. #, etc. E 202	Suite, Apt. #, etc. E 202
City & State Doral, FL	City & State Doral, FL
Zip 33172	Country U.S.A.



06092006 Chg-LLC CR2E083 (11/05)

4. FEI Number 76-0722067	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CABANAS & ASSOCIATES, P.A. 10520 NW 26TH STREET C 201 DORAL, FL 33172	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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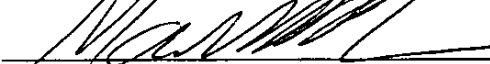
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCATTOLINI, MAURO MGRM 10556 NW 26TH STREET - STE D 101 DORAL, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Scattolini, Mauro 10544 NW 26 St. - E 202 Doral, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCATTOLINI, CONSTANZA L MGRM 10556 NW 26TH STREET - STE D 101 DORAL, FL 33172 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Scattolini, Dania 10544 NW 26 St. - E 202 Doral, FL 33172 <input type="checkbox"/> Change <input checked="" 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
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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: 	Date 08/03/06	Daytime Phone # (305) 594 1098
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Mauro Scattolini