

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018338

Entity Name: WORLD TRATTORIA, LLC

FILED
Apr 20, 2006
Secretary of State

Current Principal Place of Business:

C/O DAVID M. GOLDSTEIN, ESQ
200 S BISCAYNE BOULEVARD, SUITE 1880
MIAMI, FL 33131

Current Mailing Address:

C/O DAVID M. GOLDSTEIN, ESQ
200 S BISCAYNE BOULEVARD, SUITE 1880
MIAMI, FL 33131

New Principal Place of Business:

C/O DAVID M. GOLDSTEIN, ESQ
1441 BRICKELL AVENUE SUITE 1003
MIAMI, FL 33131

New Mailing Address:

C/O DAVID M. GOLDSTEIN, ESQ
1441 BRICKELL AVENUE SUITE 1003
MIAMI, FL 33131

FEI Number: 03-0416995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSTEIN, DAVID M ESQ
200 S. BISCAYNE BOULEVARD, SUITE 1880
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

GOLDSTEIN, DAVID M ESQ
1441 BRICKELL AVENUE
1003
MIAMI, FL 33131 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:

04/20/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: C/O GOLDSTEIN, DAVID M MGR
Address: 200 S. BISCAYNE BLVD. 1880
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: C/O GOLDSTEIN, DAVID M MGR
Address: 1441 BRICKELL AVENUE SUITE 1003
City-St-Zip: MIAMI, FL 33131

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: DAVID GOLDSTEIN

MGR

04/20/2006

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