
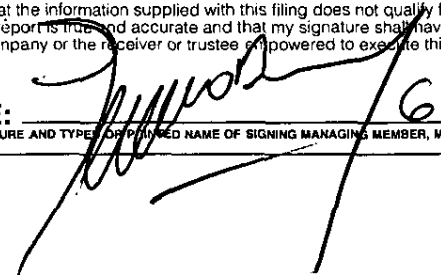


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90348 009 \*\*\*\*50.00

<b>DOCUMENT # L03000019447</b> 1. Entity Name <b>CIRILO, L.L.C.</b>					
Principal Place of Business <b>1233 LINCOLN RD MIAMI BEACH, FL 33139</b>			Mailing Address <b>1233 LINCOLN RD MIAMI BEACH, FL 33139</b>		
2. Principal Place of Business <b>3413 Main Hwy</b> Suite, Apt. #, etc.		3. Mailing Address <b>3413 Main Hwy</b> Suite, Apt. #, etc.			
City & State <b>Coconut Grove, FL</b>		City & State <b>Coconut Grove, FL</b>		4. FEI Number <b>753117262</b>	
Zip <b>33133</b>		Country <b>U.S.A</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GUZMAN, MARIO I. 9130 S DADELAND BLVD, STE 1504 MIAMI, FL 33156</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		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BERNEY, GERARDO</b> <input type="checkbox"/> Delete <b>AV. LIBERTADOR 1068, PISO 3 (1112)CIUDAD AUTONOMA DE BUENO AIRES, ARG,</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GUSTAVO GUILLERMO GONZALEZ</b> <input type="checkbox"/> Delete <b>SACALABRINI ORTIZ 3527 FLOOR 1, APT A CAPITAL FEDERAL ARGENTINA, 1425</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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	
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	
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	
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 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.					
<b>SIGNATURE:</b>  <b>GERARDO BERNEY MANAGER 3/3/04</b> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					