2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 22, 2004 8:00 am
Secretary of State

04-09-2004 90219 046 ***150.00

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04052004 Chg-LLC CR2E083 (10/03)

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1. Entity Name
SAN MARCO TILE LLC

Principal Place of Business
17, 50 LOCAL 208 OFICINA 8 ZONAMERICA, RUT A 8KM
MONTEVIDEO 91-60 URUGUAY,

Mailing Address
1320 SOUTH DIXIE HWY., SUITE 280
CORAL GABLES, FL 33146

2. Principal Place of Business
17.50 Local 208 Oficina
Suite, Apt. #, etc.
8 Zona America, Ruta 8 KM
City & State
Montevideo
Zip
Country
Uruguay

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 870713451 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
SANCHEZ DE VARONA, RAUL J
1320 SOUTH DIXIE HIGHWAY, SUITE 280
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent
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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	IGINO FERNANDO PIOVAN GIANA	NAME	
STREET ADDRESS	17, 50 LOCAL 208 OFICINA 8 ZONAMERICA, RUT	STREET ADDRESS	
CITY-ST-ZIP	MONTEVIDEO 91-60 URUGUAY,	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #