2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-09-2004 90219 046 ***150.00

DOCUMENT # L03000021942

1. Entity Name
SAN MARCO TILE LLC

34003931

Principal Place of Business	Mailing Address
17, 50 LOCAL 208 OFICINA 8 ZONAMERICA, RUT A 8KM MONTEVIDEO 91-60 URUGUAY,	1320 SOUTH DIXIE HWY., SUITE 280 CORAL GABLES, FL 33146

04052004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
17.50 Local 208 oficina	
Suite, Apt. #, etc. 8 ZonaAmerica Ruta 8 KM	Suite, Apt. #, etc.
City & State Montevideo	City & State
Zip / Country Uruguay	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	7. Name and Address of New Registered Agent
SANCHEZ DE VARONA, RAUL J 1320 SOUTH DIXIE HIGHWAY, SUITE 280 CORAL GABLES, FL 33146	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 ____________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 #