2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State
02-11-2005 90135 019 ****50.00

DOCUMENT #L03000022166

1. Entity Name
SARIANNA INVESTMENTS, LLC

Principal Place of Business	Mailing Address
10700 N.W. 66TH STREET, #214 MIAMI, FL 33176	10700 N.W. 66TH STREET, #214 MIAMI, FL 33176

01282005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
62 MIRACLE MILE		4440 NW 73rd AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. CCS 82969	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33134	Country USA	Zip 33166	Country USA

4. FEI Number 75-3123216 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUSSO, SARINO G
10700 NW 66TH STREET #214
MIAMI, FL 33178

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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABREU, ANNABELLA 10700 N.W. 66TH STREET, #214 MIAMI, FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. ABREU, ANNABELLA 10710 NW. 66 th. Street # 308 MIAMI, FL 33178	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSSO, SARINO G 10700 NW 66TH STREET #214 MIAMI, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. RUSSO, SARINO 10710 NW. 66 th. Street #308 MIAMI, FL 33178	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: ______ 2/8/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #