


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90080 018 ****50.00

DOCUMENT # L03000026368					
1. Entity Name TOLOSA LLC					
Principal Place of Business 5601 COLLINS AVENUE, SUITE 1003 MIAMI BEACH, FL 33140			Mailing Address 5601 COLLINS AVENUE, SUITE 1003 MIAMI BEACH, FL 33140		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 05-0578605	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LASIO, GIANCARLO 5601 COLLINS AVENUE, SUITE 1003 MIAMI BEACH, FL 33140			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input checked="" type="checkbox"/> Delete		TITLE	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LASIO, GIANCARLO		NAME	GIANCARLO LASIO	
STREET ADDRESS	5601 COLLINS AVENUE, SUITE 1003		STREET ADDRESS	180 N.E. 32nd. #106	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FANTIN, ENRICO		NAME		
STREET ADDRESS	VIA AMALFI, 17-20128		STREET ADDRESS		
CITY-ST-ZIP	MILANO, ITALY,		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FANTINI ZANIERI, ERMELLA		NAME		
STREET ADDRESS	VIA MAROSTICA, 36-20146		STREET ADDRESS		
CITY-ST-ZIP	MILANO, ITALY,		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPPELLI, ROBERTO		NAME		
STREET ADDRESS	VIA PRIVATA FATTORIA		STREET ADDRESS		
CITY-ST-ZIP	RICASOLL 18-GROSSETO, ITALY,		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPPELLI, ANTONIO		NAME		
STREET ADDRESS	VIA MORO 2		STREET ADDRESS		
CITY-ST-ZIP	GROSETTO, ITALY,		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CIANI, ENTRICO		NAME		
STREET ADDRESS	VIA SAN MARCELLINO 25H		STREET ADDRESS		
CITY-ST-ZIP	FIENZE, ITALY,		CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

Giancarlo Lasio MGR 4/26/06 3055720990