


**2007-LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000034826	
1. Entity Name BELUNO INVESTMENTS, LLC	

Principal Place of Business 9899 NW 43RD TERRACE MIAMI, FL 33178	Mailing Address 9899 NW 43RD TERRACE MIAMI, FL 33178
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DO NOT WRITE IN THIS SPACE



01152007 No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CORTE, WALTER
9899 NW 43RD TERRACE
MIAMI, FL 33178**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

U00000590493
01/18/07-80059-001 150.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORTE, GIORGIO 9899 NW 43RD TERRACE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORTE, WALTER 9899 NW 43RD TERRACE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORTE, FREDDY 9899 NW 43RD TERRACE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **01-15-2007 (305) 477-5494**

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