

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037244

Entity Name: FIB TRUST LLC

FILED  
Apr 19, 2004  
Secretary of State

## Current Principal Place of Business:

169 EAST FLAGLER STREET, SUITE #1534  
MIAMI, FL 33131

## New Principal Place of Business:

169 EAST FLAGLER STREET  
SUITE 1534  
MIAMI, FL 33131

## Current Mailing Address:

169 EAST FLAGLER STREET, SUITE #1534  
MIAMI, FL 33131

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARGUELLO, MARIANGELES  
169 EAST FLAGLER STREET, SUITE #1534  
MIAMI, FL 33131

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: SCHEGGI, FLORENZO  
Address: 169 EAST FLAGLER STREET, SUITE #1534  
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Delete  
Name: FALCIANI, ADOLFO  
Address: 169 EAST FLAGLER STREET, SUITE #1534  
City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SCHEGGI, FLORENZO  
Address: 169 EAST FLAGLER STREET, SUITE #1534  
City-St-Zip: MIAMI, FL 33131

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SCHEGGI FIORENZO

MGR

04/19/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date