

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90165 022 \*\*\*\*50.00

<b>DOCUMENT # L03000041689</b> 1. Entity Name <b>FOSSATI ENTERPRISES, LLC</b>																													
Principal Place of Business <del>14372 S.W. 139 COURT</del> <del>MIAMI, FL 33186</del> <b>25175 S.W. 142 Avenue</b> <b>MIAMI, FL 33032</b>		Mailing Address <del>14372 S.W. 139 COURT</del> <del>MIAMI, FL 33186</del> <b>25175 S.W. 142 Avenue</b> <b>MIAMI, FL 33032</b>																											
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip		Zip		Country																									
6. Name and Address of Current Registered Agent  <del>PRICE, IRA B</del> <del>9100 S. DADE</del> <del>MIAMI, FL 33156</del>				7. Name and Address of New Registered Agent Name <b>DOMENICO FOSSATI</b> Street Address (P.O. Box Number is Not Acceptable) <b>25175 S.W. 142 Avenue</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33032</b>																									
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 <b>DOMENICO FOSSATI</b> <span style="float: right;">2/10/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGR</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FOSSATI, DOMENICO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><del>14372 S.W. 139 COURT</del> <b>25175 S.W. 142 Ave.</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><del>MIAMI, FL 33186</del> <b>33032</b></td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	FOSSATI, DOMENICO		STREET ADDRESS	<del>14372 S.W. 139 COURT</del> <b>25175 S.W. 142 Ave.</b>		CITY - ST - ZIP	<del>MIAMI, FL 33186</del> <b>33032</b>		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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:** **DOMENICO FOSSATI** 2/10/05 (305) 257-1290  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE