2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000055895

1. Entity Name

FORMULA FRANCHISING ITALIANO, LLC



FILED
May 01, 2006 08:00 A
Secretary of State

Principal Place of Business

6101 BLUE LAGOON DRIVE, SUITE 430

MIAMI, FL 33126

Mailing Address

6101 BLUE LAGOON DRIVE, SUITE 430

MIAMI, FL 33126



DO NOT WRITE IN THIS SPACE

04282006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 86-1099341 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HERMAN, ALISON P 2800 PONCE DE LEON BOULEVARD, SUITE 1125 CORAL GABLES, FL 33134

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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, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRP
NAME	BOLLS, ROLAND M
STREET ADDRESS	1508 BAY RD #1253
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	MGRV
NAME	D'ANCONA, IRMA
STREET ADDRESS	1508 BAY RD #1253
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
44. I haraby partity that the information supplied with this filling doze not qualify for the c	

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:

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING NEMBER, OF AUTHORIZED REPRESENT TIVE

4-24.06

305 44 6326

Date

Daytime Phone #