

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057161

Entity Name: MICELLI GROUP L.L.C.

FILED  
Mar 25, 2006  
Secretary of State

**Current Principal Place of Business:**

9737 NW 41 ST  
#615  
MIAMI, FL 33178 US

**New Principal Place of Business:**

**Current Mailing Address:**

9737 NW 41 ST  
#615  
MIAMI, FL 33178 US

**New Mailing Address:**

FEI Number: 20-1444416      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CABANAS & ASSOCIATES, P.A.  
10520 NW 26 ST.  
SUITE C 201  
DORAL, FL 33172 US

**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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MICELLI, ALDO  
Address: 10720 NW 66 ST - #213  
City-St-Zip: DORAL, FL 33178 US

Title: MGRM ( ) Delete  
Name: DE MICELLI, MARIA M  
Address: 10720 NW 66 ST - #213  
City-St-Zip: DORAL, FL 33178 US

Title: MGR ( ) Delete  
Name: MICELLI, EURO  
Address: 10720 NW 66 ST - #213  
City-St-Zip: DORAL, FL 33178 US

Title: MGR ( ) Delete  
Name: MICELLI, HECTOR I  
Address: 10720 NW 66 ST - #213  
City-St-Zip: DORAL, FL 33178 US

**ADDITIONS/CHANGES:**

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

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

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

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 Chapter 119, 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: ALDO MICELLI

MGRM

03/25/2006

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