

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000078497 1. Entity Name PICCOLO MONDO LLC				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 JUN 16 AM 10:21	
Principal Place of Business 260 CRANDON BLVD. SUITE 15 KEY BISCAYNE, FL 33149 US		Mailing Address 260 CRANDON BLVD. SUITE 15 KEY BISCAYNE, FL 33149 US			
2. Principal Place of Business 3435 main Highway Suite, Apt. #, etc.		3. Mailing Address 3435 Main Highway Suite, Apt. #, etc.			
City & State Coconut Grove, FL Zip 33133		City & State Coconut Grove, FL Zip 33133			
Country USA		Country USA		4. FEI Number 41-2156024	
5. Certificate of Status Desired <input type="checkbox"/>		6. Name and Address of Current Registered Agent DE LINARES, JESSICA 260 CRANDON BLVD. SUITE 15 KEY BISCAYNE, FL 33149		7. Name and Address of New Registered Agent Name De Linares, Jessica Street Address (P.O. Box Number is Not Acceptable) 3435 main Highway City Coconut Grove FL Zip Code 33133	
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 <u>X</u> _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE LINARES, JESSICA 260 CRANDON BLVD STE 15 KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE LA FUENTE, MARIA G 260 CRANDON BLVD STE 15 KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE LINARES, HOSANNA 260 CRANDON BLVD STE 15 KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM QUINTANILLA, ROSALINDA 260 CRANDON BLVD STE 15 KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE LINARES, HOSANNA 260 CRANDON BLVD STE 15 KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE LINARES, HOSANNA 260 CRANDON BLVD STE 15 KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>X</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 06.12.06 Daytime Phone # 305.498.9818		