
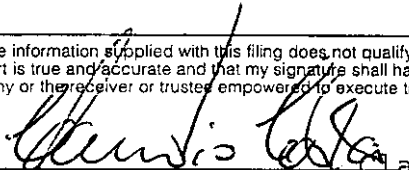


2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
2005 DEC 19 PM 4:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L04000083926					
1. Entity Name GRIMPA HOLDINGS, LLC					
Principal Place of Business 848 BRICKELL AVE SUITE 625 MIAMI, FL 33131 US			Mailing Address 848 BRICKELL AVE SUITE 625 MIAMI, FL 33131 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 20-2106915				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FINE & LICITRA, LLP 2333 PONCE DE LEON BOULEVARD SUITE 303 CORAL GABLES, FL 33134			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PESSOA LINS, FREDERICO		NAME	Marisa Biasi Silva	
STREET ADDRESS	14082 S. FOREST OAK CIRCLE		STREET ADDRESS	316 Sunset Drive	
CITY-ST-ZIP	DAVIE, FL 33325		CITY-ST-ZIP	Fort Lauderdale Florida 33301	
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENEZIANI JUNIOR, OSWALDO		NAME		
STREET ADDRESS	316 SUNSET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVES COSTA, CLAUDIO		NAME		
STREET ADDRESS	316 SUNSET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALMEIDA MOREIRA, MARCIO A		NAME		
STREET ADDRESS	316 SUNSET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAGOSO FILHO, RUBENS		NAME		
STREET ADDRESS	316 SUNSET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 			Date: 11/30/2005 (305) 416-9355		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



11182005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-2106915** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

Amended AR is \$50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR NAME: PESSOA LINS, FREDERICO STREET ADDRESS: 14082 S. FOREST OAK CIRCLE CITY-ST-ZIP: DAVIE, FL 33325 <input checked="" type="checkbox"/> Delete	TITLE: MGR NAME: Marisa Biasi Silva STREET ADDRESS: 316 Sunset Drive CITY-ST-ZIP: Fort Lauderdale Florida 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: MGR NAME: VENEZIANI JUNIOR, OSWALDO STREET ADDRESS: 316 SUNSET DRIVE CITY-ST-ZIP: FORT LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGR NAME: ALVES COSTA, CLAUDIO STREET ADDRESS: 316 SUNSET DRIVE CITY-ST-ZIP: FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGR NAME: ALMEIDA MOREIRA, MARCIO A STREET ADDRESS: 316 SUNSET DRIVE CITY-ST-ZIP: FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:  Date: **11/30/2005** (305) 416-9355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE