

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90084 003 \*\*\*\*50.00

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|---|--|---|---|---|--|
| <b>DOCUMENT # L05000018522</b>  |  |   |   |   |  |
| <b>1. Entity Name</b><br>ITALIAN MARBLE LLC   |  |   |   |   |  |
| <b>Principal Place of Business</b><br>18100 NORTH BAY ROAD<br>#1108<br>SUNNY ISLES BEACH, FL 33160 US   |  |   | <b>Mailing Address</b><br>18100 NORTH BAY ROAD<br>#1108<br>SUNNY ISLES BEACH, FL 33160 US   |   |  |
| <b>2. Principal Place of Business</b><br>15400 BISCAYNE BLVD.<br>Suite, Apt. #, etc.<br>117<br>City & State<br>AVENTURA FLORIDA<br>Zip<br>33160<br>Country<br>USA   |  | <b>3. Mailing Address</b><br>ITALIAN MARBLE 15400 BISCAYNE BLVD<br>Suite, Apt. #, etc.<br>117<br>City & State<br>AVENTURA FLORIDA<br>Zip<br>33160<br>Country<br>USA |   | 04222006 Chg-LLC CR2E083 (11/05)                                  |  |
| <b>4. FEI Number</b><br>20-2385873  |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable            |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |   |   | <b>\$5.00 Additional Fee Required</b>                             |  |
| <b>6. Name and Address of Current Registered Agent</b><br>ACCARPIO, PAOLO<br>18100 NORTH BAY ROAD<br>#1108<br>SUNNY ISLES BEACH, FL 33160   |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |  |
| <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.</b>  |  |   |   |   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>   |  | <b>Make check payable to<br/>Florida Department of State</b>  |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |   | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>ACCARPIO, PAOLO<br>18100 NORTH BAY ROAD #1108<br>SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>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.</b> |  |   |   |   |  |
| <b>SIGNATURE:</b> ACCARPIO PAOLO <i>Accarpio Paolo</i> 04/27/06 (305) 856-2215<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>   |  |   |   |   |  |