


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90107 001 ***600.00

DOCUMENT # L05000027951	
1. Entity Name COSTAMAR SOLE L.L.C.	

Principal Place of Business 10556 NW 26 ST D-101 DORAL, FL 33172	Mailing Address 10556 NW 26 ST D-101 DORAL, FL 33172
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30004235



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04012006 Chg-LLC CR2E083 (11/05)

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 59-3808752	Applied For Not Applicable
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6. Name and Address of Current Registered Agent DA COSTA JARDIN, FATIMA 10556 NW 26 ST D-101 MIAMI, FL 33172		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DA COSTA JARDIN, FATIMA 10556 NW 26 ST SUITE D-101 DORAL, FL 33172 <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 MARMO STABILE, MARIA R 10556 NW 26 ST SUITE D-101 DORAL, FL 33172 <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	MGR MARMO DE SALVIOLI, NICOLINA C 10556 NW 26 ST SUITE D-101 DORAL, FL 33172 <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	<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	<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	<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: Fatima  03/31/06 (305) 6298191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

30004235

L05000027951



Accounting / Tax Planning & Preparation
Member of National Society of Public Accountants
Florida Association of Independent Accountants

April 1, 2006

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Fl. 32314

RE: 2006 ANNUAL REPORTS

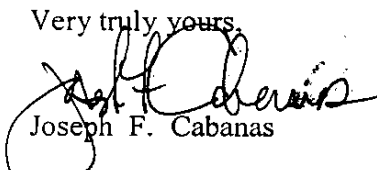
Gentlemen:

Please find attached hereto our check No. 5589 for \$600.00 to cover the renewal fees for the following LLC's:

P.C. 309, LLC
EDUVAL, LLC
DIVIAN UNO, LLC
DIVIAN DOS, LLC
COSTAMAR SOLE, LLC
P.C. 707, LLC
INVERSIONES CABRAL, LLC
SUCURUSOS PC 1517, LLC
SCATTOLINI ENTERPRISES, LLC
SAVONA INVESTMENT, LLC
SAN REMO 17 INVESTMENT, LLC
ALBISOLA INVESTMENT, LLC

Thank you for your attention to this matter.

Very truly yours,


Joseph F. Cabanas

Enclosures