2006 LIMITED LIABILITY COMPANY

Apr 05, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L05000044054 04-05-2006 90107 001 ***600.00 1. Entity Name SAVÓNA INVESTMENT, L.L.C. Principal Place of Business Mailing Address 30004230 9737 NW 41ST STREET, #615 9737 NW 41ST STREET, #615 MIAMI, FL 33178-2924 MIAMI, FL 33178-2924 4 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312006 CR2E083 (11/05) Chg-LLC City & State 4. FEI Number Applied For City & State 65-1250514 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CABANAS & ASSOCIATES, P.A. Street Address (P.O. Box Number is Not Acceptable) 10520 NW 26TH STREET, STE. C201 DORAL, FL 33172 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstaling) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Change ☐ Addition MGRM TITLE Delete TITLE PALACIOS MARTINEZ, PAUL E NAME NAME 10556 NW 26TH STREET, D-101 STREET ADDRESS STREET ADDRESS DORAL, FL 33172 CITY-ST-ZIP CITY-ST-ZIP MGRM ☐ Delete Change ☐ Addition TITLE TITLE ZUNINO ANDA, PIETRO F NAME NAME 10556 NW 26TH STREET, D-101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DORAL, FL 33172 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS

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 expect this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

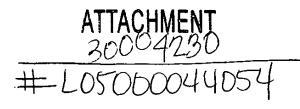
SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

> NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE NATURE AND TYPED OR PRINTED NA Cabanas Joseph

FILED

305)619





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 JNVESTMENT, LLC ALBISOLA INVESTMENT, LLC

Thank you for your attention to this matter.

Very truly yours

Joseph F. Cabanas

Enclosures