

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052913

FILED  
Apr 20, 2007  
Secretary of State

Entity Name: MAURO 47, L.L.C.

**Current Principal Place of Business:**

10544 NW 26TH STREET  
E-202  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

10544 NW 26TH STREET  
E-202  
DORAL, FL 33172

**New Mailing Address:**

FEI Number: 20-2909516      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CABANAS & ASSOCIATES, P.A.  
10520 N.W. 26TH STREET C-201  
DORAL, FL 33172 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SCATTOLINI, MAURO  
Address: 10544 NW 26TH ST. E-202  
City-St-Zip: DORAL, FL 33172

Title: MGR ( ) Delete  
Name: LUIGI 47, LLC,  
Address: 10544 NW 26TH ST. E-202  
City-St-Zip: DORAL, FL 33172

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MAURO SCATTOLINI

MGR

04/20/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date