

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056107

FILED
Jun 30, 2006
Secretary of State

Entity Name: BRAZIL USA INSTITUTE OF SOCCER, LLC

Current Principal Place of Business:

501 BRICKELL KEY DRIVE
SUITE 407
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

501 BRICKELL KEY DRIVE
SUITE 407
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-2965770 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MUZZI, LUIZ
501 BRICKELL KEY DRIVE
SUITE 407
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

MARIA, JULIO
501 BRICKELL KEY DRIVE
SUITE 407
MIAMI, FL 33131 US

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: JULIO MARIZ

06/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: MARIZ, JULIO
Address: 501 BRICKELL KEY DRIVE - SUITE 407
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Change (X) Addition
Name: TORDIN, FABIO
Address: 501 BRICKELL KEY DRIVE - SUITE 407
City-St-Zip: MIAMI, FL 33131

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: JULIO MARIZ

MGRM

06/30/2006

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