2006 LIMITED LIABILITY COMPANY

Apr 05, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L05000056130 04-05-2006 90107 001 ***600.00 1. Entity Name ALBISOLA INVESTMENT, L.L.C. Principal Place of Business Mailing Address DUUUTAAAU 9737 NW 41 STREET, #615 9737 NW 41 STREET, #615 MIAMI, FL 33178-2924 MIAMI, FL 33178-2924 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312006 CR2E083 (11/05) Chg-LLC 4. FEI Number 20-3011270 Applied For City & State City & State Not Applicable Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CABANAS & ASSOCIATES, P.A 10520 NW 26TH STREET, SUITE C-201 Street Address (P.O. Box Number is Not Acceptable) MIAMI, 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM TITLE ☐ Change ☐ Addition TITLE ☐ Delete PALACIOS, PAUL NAME NAME STREET ADDRESS 10556 NW 26TH STREET, SUITE D 101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DORAL, FL 33172 MGRM ☐ Change ☐ Addition Delete TITLE TITLE ZUNINO, PIETRO FRANCES NAME NAME 10556 NW 26TH STREET, SUITE 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 ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

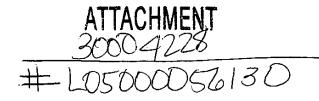
CITY-ST-ZIP

SIGNATURE: ____

STREET ADDRESS CITY-ST-ZIP

> AME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Cabana S

FILED





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