


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90150 039 ****50.00

DOCUMENT # L05000056130	
1. Entity Name ALBISOLA INVESTMENT, L.L.C.	

Principal Place of Business 9737 NW 41 STREET, #615 MIAMI, FL 33178-2924	Mailing Address 9737 NW 41 STREET, #615 MIAMI, FL 33178-2924
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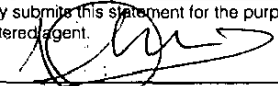
60019862



2. Principal Place of Business - No P.O. Box # 10520 NW 26 St.	3. Mailing Address 10520 NW 26 St.
Suite, Apt. #, etc. C 201	Suite, Apt. #, etc. C 201
City & State Doral, FL	City & State Doral, FL
Zip 33172	Country U.S.A.

02232007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3012270		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent CABANAS & ASSOCIATES, P.A. 10520 NW 26TH STREET, SUITE C-201 MIAMI, FL 33172		

7. Name and Address of New Registered Agent Name Joseph F. Cabanas Street Address (P.O. Box Number is Not Acceptable) Cabanas & Associates 10520 NW 26 St. - C 201 City Doral FL Zip Code 33172	
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 	DATE 02/23/07

Filing Fee is \$50.00 Due by May 1, 2007	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 PALACIOS, PAUL 10556 NW 26TH STREET, SUITE D 101 DORAL, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Palacios, Paul 10520 NW 26 St. - C 201 Doral, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZUNINO, PIETRO FRANCES 10556 NW 26TH STREET, SUITE D 101 DORAL, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Zunino, Pietro Frances 10520 NW 26 St. - C 201 Doral, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Paul Palacios	DATE 02/23/07 (305) 5133639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Paul Palacios	