

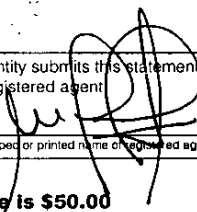
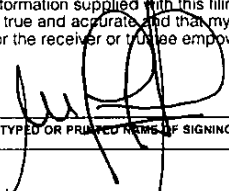


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90037 025 \*\*\*\*50.00

<b>DOCUMENT # L05000089389</b>					
<b>1. Entity Name</b> ISCHIA INVESTMENTS, LLC					
<b>Principal Place of Business</b> 9914 NW 32ND STREET DORAL, FL 33172			<b>Mailing Address</b> 9914 NW 32ND STREET DORAL, FL 33172		
<b>2. Principal Place of Business</b> 9737 NW 41st. ST		<b>3. Mailing Address</b> 9737 NW 41st. ST			
Suite, Apt. #, etc. Suite 118		Suite, Apt. #, etc. Suite 118			
City & State Doral, FL		City & State Doral, FL			
Zip 33178		Zip 33178			
Country USA		Country USA		01252006    Chg-LLC    CR2E083 (11/05)	
<b>4. FEI Number</b> 20-3498730				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>  SIGNATURE:  DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LARICCHIA, MARIO 9914 NW 32ND STREET DORAL, FL 33172	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Laricchia, Isabel Maria 9914 NW 32nd Street Miami, FL 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Laricchia, Isabel Maria 9914 NW 32nd Street Miami, FL 33172	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Laricchia, Isabel Maria 9914 NW 32nd Street Miami, FL 33172	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Laricchia, Isabel Maria 9914 NW 32nd Street Miami, FL 33172	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>  SIGNATURE:  Date: _____    Daytime Phone #: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					