


FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90082 037 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000101128 1. Entity Name VIA AQUILA LLC			
Principal Place of Business C/O JUAN A. FIGUEROA, P.A., CPA 1428 BRICKELL AVENUE, SUITE 206 MIAMI, FL 33131		Mailing Address C/O JUAN A. FIGUEROA, P.A., CPA 1428 BRICKELL AVENUE, SUITE 206 MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent FIGUEROA, JUAN A C/O JUAN A. FIGUEROA, P.A., CPA 1428 BRICKELL AVENUE, SUITE 206 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. If both in the State of Florida, I am firm, ratify and accept the obligations of registered agent.			
SIGNATURE		REGISTERED AGENT SIGNATURE (REQUIRED WHEN REGISTERING)	
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM GAMBETTA FINANCE S.A. 1428 BRICKELL AVENUE, SUITE 206 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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: <i>Pietras</i>		Date: <i>July 17, 2006</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

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07112006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-3639404** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required