

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105981

Entity Name: IL GABBIANO MIAMI, LLC

FILED
Mar 22, 2007
Secretary of State

Current Principal Place of Business:

335 SE BISCAYNE BOULEVARD
UNIT CU-1
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

335 SE BISCAYNE BOULEVARD
UNIT CU-1
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-4269698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGELO, BARRY & BANTA, P.A.
515 EAST LAS OLAS BOULEVARD
SUITE 850
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

PFLUGNER, J GEOFFREY
8470 ENTERRISE CIRCLE
SUITE201
BRADENTON, FL 34202 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: J GEOFFREY PFLUGNER

03/22/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MASCI, GINO
Address: 22 WATTS STREET
City-St-Zip: NEW YORK, NY 10013

Title: P () Delete
Name: MASCI, GINO
Address: 22 WATTS STREET
City-St-Zip: NEW YORK, NY 10013

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MASCI, GINO
Address: 86 W 3RD STREET
City-St-Zip: NEW YORK, NY 10012 US

Title: P (X) Change () Addition
Name: MASCI, GINO
Address: 86 W 3RD STREET
City-St-Zip: NEW YORK, NY 10012

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: GINO MASCI

MGR

03/22/2007

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