

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115666

Entity Name: FERRARA GALLERY, LLC

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

AVENIDA ABRAHAM LINCOLN NO. 414  
SANTO DOMINGO  
DOMINICAN REPUBLIC, DR 0000 DR

## New Principal Place of Business:

## Current Mailing Address:

1775 WASHINGTON AVE  
SUITE PH-3  
MIAMI, FL 33139

## New Mailing Address:

1775 WASHINGTON AVE  
SUITE PH-3  
MIAMI BEACH, FL 33139

FEI Number: 98-0488468      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

DAVID F. ROBERTS, P.A.  
1775 WASHINGTON AVE  
SUITE PH-3  
MIAMI, FL 33139 US

## Name and Address of New Registered Agent:

DAVID F. ROBERTS, P.A.  
1401 BRICKELL AVE.  
SUITE 500  
MIAMI, FL 33131 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: DAVID F. ROBERTS, ESQ.

05/01/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: AGRAPIDAKIS, AZINA  
Address: 1401 BRICKELL AVE. SUITE 500  
City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: AZINA AGRAPIDAKIS

MGRM

05/01/2009

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