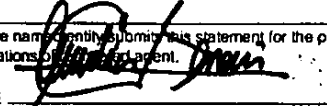
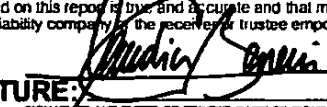


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-04-2007 90311 012 *****50.00
L06000053368

DOCUMENT # L06000053368 1. Entity Name SPAZIO INVESTMENTS I, LLC					
Principal Place of Business 446 MADEIRA AVENUE CORAL GABLES, FL 33134 US			Mailing Address 446 MADEIRA AVENUE CORAL GABLES, FL 33134 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number 061804162				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				04042007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent BARONI, CLAUDIA 446 MADEIRA AVENUE CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 the registered agent.					
SIGNATURE  Signature, typed or printed name of registered agent and too if applicable. (NOTE: Registered Agent signature required when reappointing)			DATE 4/29/07		
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GACHASSIN-LAFITE, CARLOS 446 MADEIRA AVE CORAL GABLES, FL 33134	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARONI, CLAUDIA 446 MADEIRA AVE CORAL GABLES, FL 33134	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ 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  CLAUDIA BARONI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE 4/29/07 786/2235665 Date Daytime Phone #		

FILED
07 JUN 11 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
60048605

