



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L06000074800</b>					
<b>1. Entity Name</b> INVERSIONES SANINO, LLC					
<b>Principal Place of Business</b> 1200 BRICKELL AVE. SUITE 860 MIAMI, FL 33131			<b>Mailing Address</b> 1200 BRICKELL AVE. SUITE 860 MIAMI, FL 33131		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 01182007 Chg-LLC CR2E083 (12/06) <div style="float: right;"> <input checked="" type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable                 </div>	
<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>  LOPEZ, PETER M 1200 BRICKELL AVE. SUITE 860 MIAMI, FL 33131			<b>7. Name and Address of New Registered Agent</b> Name <u>Peter m. Lopez, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1911 NW 150 Ave, Ste 201</u> City <u>Pembroke Pines</u> <b>FL</b> Zip Code <u>33028</u>		
<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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/22/07</u>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSSO, SANTO		NAME	500087492645	
STREET ADDRESS	1200 BRICKELL AVE. SUITE 860		STREET ADDRESS	02/06/07--01009--017 **750.00	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSSO, ANTONINO		NAME		
STREET ADDRESS	1200 BRICKELL AVE. SUITE 860		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<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>					
<b>SIGNATURE:</b> <u>Santo Russo</u> <b>MGR</b>			<b>1-22-07</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		