

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099687

FILED
Jul 19, 2007
Secretary of State

Entity Name: ZACARELLI INTERNATIONAL LLC

Current Principal Place of Business:

123 NORTH CONGRESS AVENUE, SUITE 399
BOYNTON BEACH, FL 334264209

New Principal Place of Business:

123 NORTH CONGRESS AVENUE
SUITE 399
BOYNTON BEACH, FL 334264209

Current Mailing Address:

123 NORTH CONGRESS AVENUE, SUITE 399
BOYNTON BEACH, FL 334264209

New Mailing Address:

123 NORTH CONGRESS AVENUE
SUITE 399
BOYNTON BEACH, FL 334264209

FEI Number: 20-5740843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

VISCOUNT, MICHAEL ESQ
C/O FOX ROTHSCHILD, LLP
ESPERANTE BLDG, 222 LAKEVIEW AVE, STE 700
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZACARELLI, NESTOR
Address: 3100 SOUTH OCEAN BLVD., APT. 406N
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ZACARELLI, NESTOR
Address: 123 NORTH CONGRESS AVENUE
City-St-Zip: BOYNTON BEACH, FL 334264209

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: NESTOR ZACARELLI

MGRM

07/19/2007

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