

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000100247

**FILED**  
**Mar 09, 2009**  
**Secretary of State****Entity Name:** TRANSALPINA HOLDINGS LLC**Current Principal Place of Business:**1680 MICHIGAN AVE, STE 1022  
MIAMI BEACH, FL 33139 US**New Principal Place of Business:****Current Mailing Address:**1680 MICHIGAN AVE, STE 1022  
MIAMI BEACH, FL 33139 US**New Mailing Address:****FEI Number:** 26-1336191**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**CHIARATO, UGO V  
1680 MICHIGAN AVE  
SUITE 1022  
MIAMI BEACH, FL 33139 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:** DI CIERI-CAMBON, PAUL  
**Address:** 15127 NE 24TH , SUITE 338  
**City-St-Zip:** REDMOND, WA 98052 IT**Title:** MNGR (X) Delete  
**Name:** TERRENI, ELISABETTA  
**Address:** VIA MARCO POLO 81/I  
**City-St-Zip:** BIENTINA, PI 56031 IT**ADDITIONS/CHANGES:****Title:** MGR (X) Change ( ) Addition  
**Name:** DI CIERI, PIERLUIGI  
**Address:** 15127 NE 24TH , SUITE 338  
**City-St-Zip:** REDMOND, WA 98052 US**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: PIERLUIGI DI CIERI

MR

03/09/2009

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