

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100432

FILED
Apr 16, 2009
Secretary of State

Entity Name: LA TERRAZZA LLC

Current Principal Place of Business:

400 ALTON ROAD
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

20 ISLAND AVENUE
1502
MIAMI BEACH, FL 33139 US

New Mailing Address:

429 LENOX AVE
5W18
MIAMI BEACH, FL 33139 US

FEI Number: 26-1267955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBERTONI, PAOLO
20 ISLAND AVENUE
1502
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: MGR () Delete
Name: ALBERTONI, PAOLO
Address: 20 ISLAND AVENUE
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGR () Delete
Name: MERLO, MICHELE
Address: 100 SOUTH POINTE DRIVE
City-St-Zip: MIAMI BEACH, US 33139

Title: MGR () Delete
Name: CAPOCASALE, FABRIZIO
Address: 1508 BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGR () Delete
Name: RAY, KENNETH
Address: 635 EUCLID AVENUE
City-St-Zip: MIAMI BEACH, FL 33139 US

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: CAPOCASALE, FABRIZIO
Address: 11 ISLAND AVENUE
City-St-Zip: MIAMI BEACH, FL 33139 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: FABRIZIO CAPOCASALE

MGR

04/16/2009

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