2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# L08000025854

Entity Name: ANNI VENTI, LLC

Current Principal Place of Business:

C/O LOUIS P. ARCHAMBAULT
2 SOUTH BISCAYNE BLVD., SUITE 2400
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

C/O LOUIS P. ARCHAMBAULT
2 SOUTH BISCAYNE BLVD., SUITE 2400
MIAMI, FL 33131

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARCHAMBAULT, LOUIS P ESQ.
ONE BISCAYNE TOWER
2 SOUTH BISCAYNE BLVD., SUITE 2400
MIAMI, FL 33131 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: NICASTRO, MASSIMO
Address: 1680 MICHIGAN AVE.
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR ( ) Delete
Name: PORCELLINI, FABIO
Address: VIA IX FEBBRAIO N. 17 - 47100
City-St-Zip: FORLI ITALI, XX

Title: MGR ( ) Delete
Name: PRATI, MAURIZIO
Address: LARGO DE CALBOLI N. 4 - 47100
City-St-Zip: FORLI ITALIA, XX

ADDITIONS/CHANGES:

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

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

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: MASSIMO NICASTRO MGR 02/11/2009

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