

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

05-16-2006 90182 040 \*\*\*\*50.00

<b>DOCUMENT # L93000000402</b>	
1. Entity Name <b>LELLI OF AMERICA, LIMITED COMPANY</b>	

Principal Place of Business <b>7301 N.W. 41ST STREET MIAMI, FL 33166</b>	Mailing Address <b>P.O. BOX 526851 MIAMI, FL 33152-6851</b>
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2. Principal Place of Business <b>4696 NW 74 AVE</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI FL</b>	City & State
Zip <b>33146</b>	Country <b>MIAMI - FLA</b>



05082006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>65-0458134</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent <b>LELLI, ALESSANDRO 7301 N.W. 41ST STREET MIAMI, FL 33166</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4696 NW 74th AVE</b> City <b>MIAMI</b> FL Zip Code <b>33146</b>
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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.

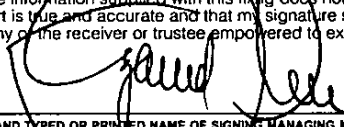
SIGNATURE  DATE **5/10/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by September 6, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LELLI, ALESSANDRO AVE. ISAIAS MEDINA ANGARITA VENEZUELA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LELLI, ROBERTO AVE. ISAIAS MEDINA ANGARITA VENEZUELA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  DATE **5/10/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE