


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L93000000417 1. Entity Name ITALASWEDE INTERNATIONAL, L.C.	
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Principal Place of Business 840 N. ORLANDO AVE. WINTER PARK, FL 32789	Mailing Address P.O. BOX 4488 WINTER PARK, FL 32793-4488
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02122008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3252152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DE MARIA, FRANK 7549 LODGE DOLE TRL WINTER PARK, FL 32792-9054	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICASTRO, GIACOMO ORMBERGSVAGEN 10 117 67 STOCKHOLM, SWEDEN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICASTRO, SALVATORE ORMBERGSVAGEN 10 117 67 STOCKHOLM, SWEDEN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICASTRO, ANITA H ORMBERGSVAGEN 10 117 67 STOCKHOLM, SWEDEN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Salvatore Nicastro* 3/31/08 4076-789523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #