2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L96000000910

Entity Name: DALBETA, L.C.

Current Principal Place of Business:

260 CRANDON BLVD.
SUITE # 32
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

260 CRANDON BLVD.
SUITE # 32
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 65-0765760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BETANCOURT, DIEGO X
301 GULF ROAD
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

BETANCOURT, DIEGO X
775 ALLENDALE ROAD
KEY BISCAYNE, FL 33149 US

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: _____ 04/20/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MEM ( ) Delete
Name: BETANCOURT, DIEGO X
Address: 301 GULF ROAD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MEM ( ) Delete
Name: DALMAU, ANTONIO
Address: 1111 CRANDON BLVD. APT. B-807
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BETANCOURT, DIEGO X
Address: 775 ALLENDALE ROAD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM (X) Change ( ) Addition
Name: DALMAU, ANTONIO
Address: 1111 CRANDON BLVD. APT. B-807
City-St-Zip: KEY BISCAYNE, FL 33149

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: DIEGO BETANCOURT PRES 04/20/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date