


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L96000001228		
1. Entity Name ECIB PALM BEACH LLC		

FILED  
06 JUL 27 PM 2: 05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 313 1/2 WORTH AVE PALM BEACH, FL 33480	Mailing Address 551 MADISON AVENUE SUITE 1601 NEW YORK, NY 10022
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07062006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0716000	Applied For <input type="checkbox"/> Not Applicable
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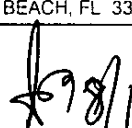
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HIQ CORPORATE SERVICES, INC. 526 EAST PARK AVENUE SUITE 200 TALLAHASSEE, FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

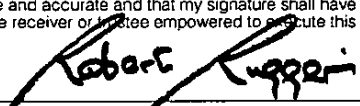
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUGGERI, ROBERTO 551 MADISON AVE., STE 1601 NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300078281603 08/02/06--01061--021 **200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SA, SALER 4, BOULEVARD ROYAL, B.P. 758 L-2017 LUXEMBOURG, <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 FRITTELLA, STEFANO 1500 OCEAN DRIVE SOUTH BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRITTELLA, STEFANO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5959 Collins Ave Apt 805 Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALAR INC 1500 OCEAN DRIVE MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SALAR (US) INC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5959 Collins Ave Apt 805 Miami Beach, FL 33140
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
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: 7/6/06	Daytime Phone #: 212-593-3570
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