

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L96000001228

1. Entity Name
ECIB PALM BEACH LLC



Principal Place of Business
313 1/2 WORTH AVE
PALM BEACH, FL 33480

Mailing Address
551 MADISON AVENUE
SUITE 1601
NEW YORK, NY 10022

FILED

2007 JAN 17 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01092007No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
65-0716000

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIQ CORPORATE SERVICES, INC.
526 EAST PARK AVENUE
SUITE 200
TALLAHASSEE, FL 32301

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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01/24/07--01005--014 **200.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
RUGGERI, ROBERTO
551 MADISON AVE., STE 1601
NEW YORK, NY 10022

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
SA, SALER
4, BOULEVARD ROYAL, B.P. 758
L-2017 LUXEMBOURG,

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
FRITTELLA, STEFANO
5959 COLLINS AVE APT 805
MIAMI BEACH, FL 33140

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
SALAR (US) INC.
5959 COLLINS AVE APT 805
MIAMI BEACH, FL 33140

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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:

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

Date

Daytime Phone #

1/18 aw