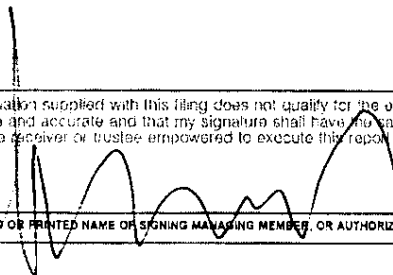


FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90017 008 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L99000007907		
1. Entity Name BRUSTENGHI AMERICA LLC		
Principal Place of Business 201 S. BISCAYNE BLVD STE 850 MIAMI, FL 33131 US	Mailing Address 201 S. BISCAYNE BLVD STE 850 MIAMI, FL 33131 US	60002319  01082008 No Chg-LLC CR2E083 (12/07)
DO NOT WRITE IN THIS SPACE		
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent ROSSZ FIU CORPORATION 201 SOUTH BISCAYNE BLVD., STE 850 MIAMI, FL 33131		DO NOT WRITE 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, as titled if applicable) (NOTE: Registered Agent signature required when consulting) DATE _____		
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	MGR BRUSTENGHI, GABRIELE 201 S. BISCAYNE BLVD, STE 850 MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 906, Florida Statutes. SIGNATURE: X  1-14-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Filing Fee		