


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 24, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000009290 1. Entity Name INSUBRIA, LLC	
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Principal Place of Business 5801 PELICAN BAY BLVD., SUITE 300 NAPLES, FL 34108-2709	Mailing Address 5801 PELICAN BAY BLVD., SUITE 300 NAPLES, FL 34108-2709
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**DO NOT WRITE IN THIS SPACE**



06192008 No Chg-LLC CR2E083 (12/07)

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

6. Name and Address of Current Registered Agent

MILLER, DIXON F  
5801 PELICAN BAY BLVD., SUITE 300  
NAPLES, FL 34108-2709

**DO NOT WRITE IN THIS SPACE**

8. The above named entry 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 Due by September 12, 2008** In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. **06/24/08-80001-010 138.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALUMBO, MANUELA VIA DEI RONCHI 15 LUGANO (SWITZERLAND), SW CH 6904
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**DO NOT WRITE 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: Manuela Palumbo MANUELA PALUMBO 6/20/2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #