2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001596

Name:

Address:

City-St-Zip:

VIA XII OTTOBRE, 2

16121 GENOA, ITALY, IT IT

Entity Name: COSTA INTERNATIONAL B.V. L.L.C.

May 31, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 200 SOUTH PARK ROAD, STE. 200 NARITAWEG 165 HOLLYWOOD, FL 330218541 1043 BW AMSTERDAM AMSTERDAM, NE ΝE **Current Mailing Address: New Mailing Address:** 200 SOUTH PARK ROAD, STE. 200 HOLLYWOOD, FL 330218541 FEI Number: 52-2174740 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete FOSCHI, PIER LUIGI Name: Name: Address: VIA XII OTTOBRE, 2 Address: City-St-Zip: 16121 GENOA, ITALY, IT IT City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition Name: GIANOGLIO, GIUSEPPE Name: TRUST INTERNATIONAL, MANAGEMENT BV Address: VIA XII OTTOBRE, 2 Address: **TELSTONE 8 - TELEPORT NARITAWEG 165** City-St-Zip: 16121 GENOA, ITALY, IT IT City-St-Zip: AMSTERDAM, THE NETHERLANDS, NE NE Title: MGR () Delete Title: MGR (X) Change () Addition B.V. MAATSCHAPPIJ VO, OR MALTESE, BENIAMINO Name: Name: HERENGRACHT 548, 1017 CG AMSTERDAM Address: Address: VIA XII OTTOBRE, 2 City-St-Zip: THE NETHERLANDS, NE NE City-St-Zip: 16121 GENOA, ITALY, IT IT Title: MGR (X) Delete Title: () Change () Addition MALTESE, BENIAMINO

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: BENIAMINO MALTESE 05/31/2005