


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000005582**

1. Entity Name  
**VIA TRENTO REALTY, LLC.**



Principal Place of Business <b>6523 VIA TRENTO          DELRAY BEACH, FL 33446</b>	Mailing Address <b>6523 VIA TRENTO          DELRAY BEACH, FL 33446</b>
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01092006No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>65-1096747</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**LABARBERA, CIRO  
 6523 VIA TRENTO  
 DELRAY BEACH, FL 33446**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2006**

000000386234  
 01/13/06-80046-026 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LA BARBERA, CIRO 6523 VIA TRENTO DELRAY BEACH, FL 33446
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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 606, Florida Statutes.

**SIGNATURE:** *Ciro La Barbera* **1/10/06** **561-637-2351**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #