

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90135 019 ****50.00

DOCUMENT # L02000003115



1. Entity Name
BIANCO, LLC

Principal Place of Business
231 LAGOON AVE.
NAPLES, FL 34108

Mailing Address *Change*
~~231 LAGOON AVE.~~
~~NAPLES, FL 34108~~

19060000



2. Principal Place of Business

3. Mailing Address
2969 Charlotte Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07162004 Chg-LLC CR2E083 (10/03)

City & State

City & State
Merrick N.Y.

4. FEI Number

01-0610513

Applied For

Not Applicable

Zip

Country

Zip

Country

11566

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELDEN, CHRISTIAN B ESQ.
3838 TAMiami TRAIL N., STE. 416
NAPLES, FL 34103

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
MGRM
BIANCO, KENNETH
231 LAGOON AVE *2969 Charlotte Dr*
NAPLES, FL 34108 *Merrick N.Y. 11566*

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Kenneth Bianco* 7/18/04 516-599-7080
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #