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**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

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 2004 JUN 21 PM 4:58

DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA



MOORE CR2E083 (11/03)

<b>DOCUMENT # L03000048588</b>					
1. Entity Name <b>CALIFANO, LLC</b>					
Principal Place of Business <b>5058 BUNYAN ST. SARASOTA FL 34232</b>			Mailing Address <b>5058 BUNYAN ST. SARASOTA FL 34232</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>Not Applicable</b>	
5. Name and Address of Current Registered Agent <b>CALIFANO, VINCENT 5058 BUNYAN ST. SARASOTA FL 34232</b>				7. Name and Address of New Registered Agent	
Name				Applied For	
Street Address (P.O. Box Number is Not Acceptable)				Not Applicable	
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: _____ DATE: _____					
<p><b>FILE NOW!!! FEE IS \$40.00</b>          Make Check Payable to Florida Department of State          Due By May 1, 2004</p>					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	TITLE	NAME
	<b>MANAGER MGRM</b>				
	<b>VINCENT G. CALIFANO</b>				
	<b>5058 BUNYAN ST.</b>				
	<b>SARASOTA, FLA, 34232</b>				
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <b>V. G. Califano</b>				Date: <b>2-18-04</b> (941) 724-5058	
SIGNATURE AND TYPED OR PRINTED NAME OF THE MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					