

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90216 044 ****50.00

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1. Entity Name
 TOPPINO INDUSTRIES, LLC

Principal Place of Business
 US HWY NO.1 ROCKLAND KEY
 P.O. BOX 787
 KEY WEST, FL 33041

Mailing Address
 US HWY NO.1 ROCKLAND KEY
 P.O. BOX 787
 KEY WEST, FL 33041

20031807



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062005 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-2076449

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOHATCH, JOHN S
 GUTTENMACHER & BOHATCH, P.A.
 2600 DOUGLAS ROAD, PH-8
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

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 May 1, 2005

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
 NAME CHARLEY TOPPINO & SONS, INC.
 STREET ADDRESS US HWY NO.1 ROCKLAND KEY/P.O. BOX 787
 CITY-ST-ZIP KEY WEST, FL 33041

TITLE MANAGING MEMBER Change Addition
 NAME FRANK P. TOPPINO
 STREET ADDRESS 437 EVERGREEN
 CITY-ST-ZIP Key West, FL 33040

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MANAGING MEMBER Change Addition
 NAME EDWARD TOPPINO S.
 STREET ADDRESS 46 Cypress Ave.
 CITY-ST-ZIP Key West, FL 33040

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: *Frank P. Toppino*

FRANK P. Toppino
 Managing Member

4/6/05

(305)
 296-5606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #